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COMMUNICATIONS.

The Insertion of the Capsular Ligament of the Hip-Joint, and its Relation to Intra-Capsular Fracture of the Neck of the Femur.

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DR. W. R. DONAGHE spoke as follows:—

Mr. Chairman:—The eight conclusions of Dr. Smith's paper on fractures of the cervix femoris are before us for discussion. With the first four I fully agree, and I am happy to have an opportunity of expressing my appreciation of the obligation under which he has placed us all, by settling, after great and laborious research, points about which anatomists have so long differed.

To the fifth and sixth propositions I cannot so fully subscribe. I quote the fifth: "The line of union in a given specimen of fracture of the neck of the femur cannot be said to indicate the exact position of the line of fracture, if the neck suffered loss by absorption before union occurred; since it is impossible to determine that the loss of structure was entirely at the expense of either fragment of the neck."

In the negative of this I would argue that a specimen, (and the existence of such is undisputed,) in which the neck has been removed by absorption, and the head is closely united to the shaft, *proves that the line of fracture was intra-capsular.*

In such a case the fracture must have been extra-capsular; partly within and partly without the capsule; or intra-capsular. It could not have been extra-capsular, for (1st) in the numerous cases of this variety that have been recorded with illustrations, (R. W. Smith on Fractures, etc.,) the neck is exhibited as retaining nearly its full original length. This is what we should expect. Though the vessels are severed which pass into it from the continuous shaft, yet there still remain sufficient sources of blood supply to maintain, in the great majority of cases, its integrity. The capsular ligament, commencing at the mar-

gin of the acetabulum, sweeps outward to its insertion, from which irregular line some of its deeper fibres are reflected upon the neck as far as the edge of its articular face, forming a true periosteum to the neck, designated by Dr. R. W. Smith as its "cervical ligament." The synovial membrane lines the internal face of the capsule, and is reflected upward on the "cervical ligament," as far as the head of the bone. Thus the elements of nutrition are supplied to the neck, and it retains its form. 2d. "Extra-capsular fracture is accompanied by fracture with displacement of one or both trochanters," (R. W. Smith, Malgaigne.) If the specimen above quoted had been an extra-capsular fracture, it should present evidences of the associated injury, but none are to be seen.

Could such a specimen have been the result of a fracture partly within and partly without the capsule? I cannot recall any cases in which this special variety has been carefully described from post-mortem examination. Its existence seems to have been assumed as an anatomical possibility rather than proved by either distinctive symptoms or autopsy. In such a fracture we may assume that a large part of the neck would remain connected with the head of the bone, and that its conditions of nutrition would be analogous to those of the neck in extra-capsular fracture. The line of fracture, to bring it into this class, must cross the posterior aspect of the neck, *outside of* the insertion of the normal capsule into that face, (which is usually about midway.) The synovial membrane, guided by the still attached posterior insertion of the capsule, covers the fragment of the cervix connected with the head of the bone. This fragment is also covered by the "cervical ligament," which is continuous with the general capsule along the line of its posterior insertion to the neck. By these two structures the nutritive wants of this fragment are supplied, and it is placed beyond the probabilities of absorption. It must also be remembered, in this connection, that the absorbing powers of the head are feeble. The best histologists, Kölliker, Bowman, Morel, etc., have never been able to detect lymphatics in bone.

We have, then, no right to claim their aid. We are shut up to the veins as the only known absorbent agents in bone. Could that small, solitary vein that runs back in the ligamentum teres cause the disappearance of nearly an entire femoral neck? I would not deny it some absorbing

power. It is well known that in intra-capsular fractures, that small portion of the broken neck, which remains attached to the head, often disappears up to the level of the margin of the acetabulum, and in very rare instances the entire head has disappeared; but in these cases the synovial membrane and "cervical ligament" covering the portion thus absorbed were cut off by the direction and completeness of the fracture from continuity with the distal parts of those membranes which alone could supply their vessels. Hence they added nothing to nutrition. In this fracture (partly within and partly without the capsule) the reverse is true. To quote Dr. G. K. Smith's words, "absorption is held in check by the antagonistic force of an abundant nutrition."

But Dr. Smith argues that "there are lymphatic vessels in the synovial membrane covering the ligamentum teres, which may become active agents of absorption." It is true that the ligamentum teres is covered by a reflection of the synovial membrane; but it is equally true that the articular face of the head of the femur is not so covered. It is now an admitted fact of anatomy that the synovial membrane does not extend over the cartilaginous, articular surfaces. What could the lymphatics, then, of the synovial membrane, folded around the ligamentum teres, do, being obliged to act from a distance upon a head and neck from which they are separated by a thick plate of articular cartilage?

Again, in order that lymphatic vessels may absorb effete atoms, they must be in immediate contact with such atoms—they must be *interstitial*. Lymphatics of the synovial membrane, then, can only absorb elements of the tissue in which they are imbedded. They could not even absorb the component elements of the ligamentum teres which they envelop. If this power be claimed for the lymphatics of the synovial membrane that covers the fragment of the neck, still attached to the head, the same reply may be made, *viz.*, that *being on the surface* and not permeating the bone, their absorbent power cannot extend to the bone. This difficulty is still further increased by the interposition between them and the bone of the "cervical ligament." Moreover, the fact already enforced, that in extra-capsular fracture the neck, by the nutritive power of the "cervical ligament" and the synovial membrane, retains most of its length, shows that their office is nutritive and not absorbent. In the fracture partly within and partly without the capsule, these two structures are equally in contact with that portion of the neck joined to the head, and contribute to its integrity rather than its removal.

The specimen, then, which we took as a text cannot have been a fracture partly within and partly without the capsule; we have seen that it was not extra-capsular; it must have been intra-capsular. May we not, then, substitute Dr. Smith's fifth proposition, by asserting that *a line of union of a head immediately to the shaft proves an intra-capsular fracture?*

It remains now to explain how, in such specimens of united intra-capsular fracture, the neck was removed. Unless the line of fracture were close to the head, of course the neck would be divided between the head and the shaft, each of which could remove its portion. *Post-mortem examination has established the fact of the removal of the neck in cases of intra-capsular fracture.* Dr. R. W. Smith says: "The superior fragment of the cervix usually disappears to the level of the brim of the acetabulum. In old cases the femoral fragment is likewise absorbed to a greater or less extent. The absorption of the lower fragment is sometimes effected with extraordinary rapidity."

The vein of the ligamentum teres could remove the proximal fragment of the neck, its nutrition being now enfeebled by the rupture along the line of fracture of the "cervical ligament" and synovial membrane. (It may be stated in passing, that to put the fragments in the proper relations for bony union, it is not necessary that the proximal fragment of the neck disappear. If the head alone, or with a piece of neck still attached, comes into contact with extra-capsular parts, the conditions are fulfilled.)

The abundant veins of the shaft could readily remove the distal part of the neck. But it may be said that in intra-capsular fracture, the outer insertion of the capsule is still attached to the femoral fragment of the neck, and is reflected on it as a periosteum, and guides also to it the synovial membrane, which, by their nutritive supplies, will prevent its absorption. This view seems at first plausible; but let us look at the exact condition of the arteries going to this fragment of the neck. They run into it from the shaft and from the "cervical ligament." *They run toward the head.* Suddenly, by fracture, every one of them is torn across. They are now in the condition of arteries in a stump—that is, *they are closed at their ends*—and thus a back flow in the current is produced. Is it any wonder that the nutrition of a part should be impaired that depends on streams of blood that lie almost stagnant in the *cul-de-sacs* of the torn arteries? To maintain nutrition you must have a continuous current; blood ever changing. The onward impulse of the blood in these torn arteries is checked. Each of them is in a state analogous to that of the proximal end of an artery after the application of a ligature. It is well known that no blood circulates in it as far back as the first collateral branch; and, on the other hand, the current of the veins (which are the absorbents in bone) is *toward* the shaft. The return of the blood in this direction is unimpeded, and it carries along in its flow atoms of the femoral fragment of the neck that have become disintegrated by reason of impaired nutrition.

The condition of the arteries is far different in the part of the neck attached to the head in extra-capsular fracture, and in that form partly within and partly without the capsule. The arteries are derived from the same periosteum or

"cervical ligament;" but the periosteum covering the proximal fragment of the neck in these two forms of fracture is continuous outwardly with the general capsule, and inwardly it sweeps over the fragment up to the head without interruption. *It is not torn across*, and thus the arteries sent by it into the bone run along in their normal course toward the head, and terminate in their natural anastomoses; *thus giving to the blood free circuit*, which is the essential condition of full nutrition.

The sixth proposition of Dr. Smith is as follows: "Under favorable circumstances fractures of the neck of the femur, external to the capsular ligament, unite readily by bone; so, also, do fractures which are partly within and partly without the capsule; and it is highly probable that fractures within the capsule, which are followed by absorption, are sometimes united by bone after the process of absorption has reached a point external to the normal capsule, where bony material is supplied; but this, if it ever does occur, can never be proven: for if the line of union be partly without the normal capsule, it is impossible to determine that the fracture was entirely within it, and we can never be positive that bony union of intra-capsular fracture has occurred till a specimen is presented in which the line of union is found to be entirely included by the normal capsule." In opposition to the statement that "it can never be proven that a fracture within the capsule is ever united by bone after the process of absorption has reached a point external to the normal capsule," I have attempted to show that a line of union outside of the capsule proves an intra-capsular fracture which has united by bone. If this be true, the test that Dr. Smith proposes, requiring a line of union entirely "included by the normal capsule," to prove bony union of intra-capsular fracture, cannot be admitted. If the view I have presented be correct, *bony union of intra-capsular fracture has been proved by specimens in which the line of union is partly or entirely without the capsule*. I think it is such specimens which shadow forth the truth in this much-disputed question. That an intra-capsular fracture, with impaction, might form an intra-capsular line of bony union, seems possible, but the fact has never been demonstrated. Under any other circumstances than those of impaction the difficulties in the way of bony union within the line of the normal capsule seem insuperable.

May we not, then, assert as the true statement of this matter, *that intra-capsular fracture of the neck of the femur never can present a line of bony union entirely included by the normal capsule, unless in cases of impaction, and that the possibility even under these circumstances has not yet been demonstrated; but that intra-capsular fractures have united by bone, and may again so unite when the inner fragment has, by absorption of the femoral part of the neck, been allowed to come wholly or partly in contact with that part of the femur which is extra-capsular, and for this reason affords abundant bony material?*

When such a change in the relation of the fragments has occurred, the analogy between their position and that of the fragments in fracture of the anatomical neck of the humerus becomes striking. In this latter form of fracture, when there is impaction, bony union almost always occurs; and even when there is no impaction, bony union is frequently the result.* "The reparation of the injury is accomplished principally by the lower fragment, which throws out matter in great profusion."† The power of producing reparative material is as great in the femoral shaft as in the humeral, and the relations of the fragments being now identical in the two forms of fracture, why should not bony union occur in one as it is known to do in the other?

In conclusion, it may be stated that if the positions taken have been sustained, all criticisms on specimens, such as the sixth of Dr. R. W. Smith, and second of Professor Mussey, and others of like character, (admitted to be cases of limited fracture,) that are based upon the fact that "the line of union is external to the normal capsule," *fall to the ground*, and these specimens still exist as proofs of the bony union of intra-capsular fracture.

Stated Meeting, February 28th, 1862.

DR. A. C. POST remarked as follows:—

Mr. Chairman:—I rise for the purpose of explaining certain remarks which I made at a previous meeting with reference to Dr. Smith's paper on fractures of the cervix femoris, and which Dr. Smith seems to have misapprehended. In the remarks which Dr. S. made at the meeting of the Section in January, he attempted to show that in fractures of the cervix within the capsule there were veins and lymphatics enough remaining in connection with the upper fragment to account for the absorption of the portion of the neck connected with the head of the bone. I did not intend in any remarks to deny the possibility of absorption without previous union of the fragments, but to throw upon Dr. S. the burden of proving that, when union and interstitial absorption both occurred, the absorption preceded the union, and to show that there were some reasons for believing that the union preceded the absorption.

With regard to the objections which Dr. S. made to my classification of fractures of the neck of the femur as being intra-cervical and extra-cervical, as implying that the term extra-cervical, as applied to fractures of the cervix, involves a contradiction, I admit that the expression is not strictly correct; but it does not involve greater error than the term extra-capsular fracture of the neck of the femur, as generally employed by surgeons to indicate a fracture which is situated at the junction of the neck with the shaft of the bone, and not in the proper substance of the neck. In speaking of extra-capsular fractures, Dr. Robert W. Smith says: "All extra-

* R. W. Smith, Nélaton, Cloquet.

† R. W. Smith.

capsular fractures are, in the first instance, also impacted fractures, and all impacted fractures are necessarily accompanied by a fracture traversing some part of the trochanteric region. I have omitted no opportunity of investigating this point, and have now examined here and elsewhere upwards of one hundred specimens of the extra-capsular fracture, and have found in all, without a single exception, a second fracture traversing some portion of the inter-trochanteric space." Dr. Robert W. Smith gives a series of beautiful delineations of extra-capsular fractures, and in every one of them the fracture is at the junction of the neck and shaft of the bone, and is therefore properly extra-cervical. Cruveilhier's elegant and artistic delineations of extra-capsular fractures exhibit the same features. The fact is, that surgical writers, as far as I am informed, all describe these fractures substantially in the same manner. Intra-cervical and extra-cervical fractures are not simply bounded by the capsular ligament on one or the other side. Intra-cervical fractures are near the head of the bone, and extra-cervical fractures encroach upon the shaft. The two classes of fracture have each its distinct physiognomy, and it requires no accurate measurement of the attachment of the capsule to ascertain to which class a particular case may belong. The features of the two classes are as distinct as those of a man and of a baboon. In intra-cervical fractures, the neck becomes shortened by absorption; and in extra-cervical fractures, the neck is shortened by impaction. I have no knowledge of any cases of extra-capsular fracture which are not also extra-cervical. Whichever of these terms is used, it is not strictly proper to speak of them as involving the neck of the bone; but long usage has sanctioned the expression, and it is difficult to abandon it. The same difficulty exists here as in the use of the terms external and internal ring, as applied to the two extremities of the inguinal canal. Surgeons still use these terms as employed by the older writers, but are obliged to accompany them with the explanation that the internal ring is situated externally, and the external ring internally.

Concluding remarks of Dr. SMITH.

Prof. Post justifies the use of the term *extra-cervical*, by stating that it does not involve a greater error than the term *extra-capsular fracture* of the neck of the femur, as generally employed by surgeons to indicate a fracture which is situated at the junction of the neck with the shaft of the bone, and not in the proper substance of the neck. Hamilton states that "these fractures may occur at any point external to the capsule; but generally the line of fracture is at the base, corresponding very nearly with the anterior and posterior inter-trochanteric crests."* Gross states that—

"The extra-capsular fracture is situated at the base of the neck of the femur, extending from above downward, and from behind forward, in the direction of the inter-trochanteric line. It is not always, however, as the name declares, strictly exterior to the capsular ligament; on the contrary, it not unfrequently passes above the attachment of the ligament so as to partake of the character both of an inner and an outer fracture of the neck."*

It is evident that these surgeons regard an extra-capsular fracture as one which, to a greater or less extent, involves that portion of the neck which is external to the capsule. If, now, this portion of the neck be fractured, the term *extra-cervical*, when used to designate the fracture, is a misnomer, and the term *extra-capsular* is correct. If the fracture be so far remote that it does not traverse any portion of the neck, it cannot properly be called an extra-capsular fracture of the neck. Prof. Post states: "I have no knowledge of any cases of extra-capsular fracture which are not also extra-cervical." Whichever of these terms is used, it is not proper to speak of them as involving the neck of the bone. Dr. Robert W. Smith gives a series of beautiful delineations of extra-capsular fractures, and in every one of them the fracture is at the junction of the neck and shaft of the bone, and is, therefore, properly extra-cervical. On viewing Robert W. Smith's delineations of extra-capsular fracture, it appears to me that the line of fracture is not in each instance *extra-cervical*. In the description of the specimen in Case 31, it is stated that "the fracture is oblique from above and without, downward and inward; at its upper part it extends within the capsule." I am unable to see how this fracture "is properly *extra-cervical*." Case 33, "a triangular portion of bone has been separated both from the shaft and from the neck of the femur." Cases 34 and 35 are described as fractures of the neck of the femur external to the capsular ligament, and I can see no error in calling the fracture *extra-capsular* in either of these cases.†

I have in my possession a specimen of the extra-capsular fracture, which I exhibited a short time since at the meeting of the Surgical Section. The fracture in this case extends into the neck of the bone some distance from the trochanters, and cannot therefore be called *extra-cervical*.

* Hamilton on Fractures and Dislocations, page 382.

* Gross's System of Surgery, vol. II., page 242.

† See engravings, Smith on Fractures, pages 87 and 88.

Recovery after Severe Burns.

By J. W. THOMPSON, M.D.,

of Coatesville, Pa.

It is generally considered that recovery after burns, involving very largely the surface of the body, is rather problematical; and especially so, if the patient be at either extreme of the scale of life, viz., infancy or old age.

Further, the prognosis is esteemed almost certainly fatal, if in such cases the burn ranks as the 3d, 4th, 5th, or 6th class of Dupuytren's division, wherein, as in the 3d, the cuticle and papillary surface of the cutis is destroyed; or, as in the 4th, 5th, and 6th, when not only is the skin entirely destroyed, but the subcutaneous cellular tissue, the subjacent structures, or the entire structure or part is carbonized—the last three being, indeed, thought to be almost necessarily fatal, even in vigorous adults, when extending over more than the surface of a square foot.

All classes of burns are, moreover, greatly increased in danger when occurring over the great cavities of the body. But having made it a cardinal principle, in both my medical and surgical practice, never to despair of life until its last flickering had gone out, leaving the absolute darkness of death, I feel impelled to record somewhat on this matter, to impress the duty of not falling back too soon on *mere palliatives*, but to battle for the precious boon with the "grim monster" to the very last instant of time.

On the 29th of December, A.D. 1860, I was called to see a child about a year old, which had been badly scalded. On arriving at the house I found that the accident had occurred on the morning of the twenty-seventh—two days before—and no medical aid till my arrival!

The child was lying in a soporose condition; pulse very weak, and exceedingly frequent—in fact, for these two reasons, almost imperceptible. An examination revealed a large, irregular, oval sore, extending from the right axilla to the groin, and from near the median line in the epigastric region to within about two inches of the spinal column.

Complete vesication had occurred over the whole of this surface, leaving it bare, red, and angry; while throughout the extent of the long axis of the affected part, the whole thickness of the skin was evidently deprived of all vitality. In addition to this, there was upon the antero-interior aspect of the right thigh a place nearly

as large as my hand, presenting the same appearances, excepting that here the true skin was left intact. Its conduct under the examination showed that its nervous system was reduced to almost the limit of irritability and exhaustion; and its parents said that for the last twenty-four hours it had been rapidly failing.

An unpromising case truly! But what should I do? Palliate and let it die? Merely smooth its course to the grave? No! I determined to attempt its rescue; and went vigorously to work to this end, using internally wine and opiates to strengthen it, and to calm the excessive nervous irritability. I gave these combined, and in very small doses, frequently repeated; and at the same time made soothing applications to the raw surface. The sinking ceased in a few hours; but for two days this was all. Death was held at bay, but not put to flight. But even this much I considered a great success.

After the second day I could see a gradual, steady improvement; the same treatment being continued, with the addition of beef-tea. At the end of a week the improvement was quite marked, and farina and small quantities of boiled milk were allowed; while an ointment of oxide of zinc, with a small addition of cerat. resin., was spread on a piece of soft muslin and applied over the part, it being first lubricated with olive oil. The sore, in the main, healed kindly, though at times discharging immensely.

Some little trouble was experienced from weak, unhealthy granulations in the center, but not so much as I anticipated; and the use of pulv. alumin. exsicc., with pressure, and an increase of tonics, corrected the evil readily.

Convalescence progressed favorably, and in four weeks the cicatrix was perfect, except three or four spots about the size of a dime where the granulations were feeble and considerably elevated. These, however, were soon reduced; and although it required two or three weeks more for them to heal entirely, yet they did so, leaving a perfect and healthy scar, which, the last time I had an opportunity of examining it, (nearly a year afterward,) was no ways troublesome, and bid fair, in the growth of the child, to assume much the appearance of the surrounding skin.

The second case was a lad about six years old, to whom I was called June 6th, 1861.

He had been burned by his clothes taking fire, and presented a really terrible aspect. The skin was totally destroyed over the greater portion of

the abdomen, and over the interior and posterior parts of the thighs, down to the popliteal space. The depending portions of the buttocks were also denuded of skin; while the penis was left the merest stump, and the scrotum had vanished in toto, leaving the testes inclosed in the tunica vaginalis.

He had, I should say, been under treatment for some time prior to my being called; but his parents being poor and illy able to procure medicines, he had not progressed very rapidly, notwithstanding the attentive skill of his physician; and now had hectic fever, a small, thready pulse, and an irritable, despairing look; while the affected parts were almost one mass of tall, pale, sickly granulations.

Being at that time in charge of an extensive public practice, he came under my care; and I immediately placed him upon the free use of the *mist. fer. comp.*, while the granulations were reduced by the same means as in the former case, with occasionally some aid from *arg. nit.* in substance. The dressings were occasionally medicated; but generally nothing but simple cerate was applied, that being found to agree with the part better than anything else.

Under this treatment the hectic soon disappeared; his appetite improved; his strength increased, and the sore commenced to heal, which it continued slowly, but steadily to do, until the raw surface was reduced to about one-third its original size, and his general health much improved, when he passed from under my care, and I have not since heard from him.

Now, both these were burned beyond the point at which authors tell us to look for death.

In the first, (an infant,) besides the extensive vesication, there was at least twenty-seven square inches of skin totally destroyed; while in the other, (but a small lad,) there was considerably more than a square foot of skin thus destroyed, to say nothing of the greater portion of this loss occurring over the abdominal cavity, and involving such structure as the genital organs.

I claim nothing new or original in these cases; but they served to establish me more firmly in my determination never to give up my efforts to save life until it is clean gone, and may help others in arriving at the same conclusion. Even though fate seems to have sealed the case, still should we strive to the best of our ability to battle against death; for sometimes he is de-

feated and driven off from his prey when he has dragged it to the very portals of his kingdom.

By all means let us not be too hasty in making a fatal prognosis, and then, by failure to do all that might be done, be the instrumentality whereby the evil prophecy is fulfilled.

Uterine Diseases—Menorrhagia.

By OTIS M. HUMPHREY, M.D.,
Of Natick, Massachusetts.

Perhaps there is no part of our country in which diseases of the uterus and its appendages, and disorders of their functions, form so large a share of female ailments as in New England. Habits of life of the sex which tend to enervate the vital powers, depress the general health, and produce this class of diseases through the susceptibility of these organs to become disordered by sympathy, have been offered as a cause. But do these causes abound in New England more than elsewhere? Are not the women of this region as healthy, generally, as in Philadelphia, or the West? Is not hygiene as well understood and as generally observed in this enlightened land as elsewhere? I believe nowhere more so.

Another, and I believe often the cause, is found in the avocation of females. If the character of the labor performed in the various manufacturing establishments be for a moment considered, those conditions will be found most favorable for the production of, and most unfavorable for the cure of, diseases of the generative organs of females.

In most of the corporate industrial establishments a standing posture is required of many operatives, but not permitting an habitually *erect* position. If you watch for a moment the operator of machinery in any of the departments of a cotton mill, you will be struck with the frequent necessity and constant practice of stooping in a small space—*half squatting*—and of excessive and protracted *reaching* and *leaning*, which must be sustained by a tonic of the lumbar and abdominal muscles while often on their greatest stretch, greatly exhausting them, and diverting to their need much nerve force which should be directed to sustaining the normal functions of the reproductive system. The constant *jarring* of machinery may be looked upon as a fruitful source of derangement. Whether this is due principally to some disturbance of nervous transmission and supply directly, or to the mechanical irritation

imparted by the motion of the parts, is not within the scope of this article to discuss. Every physician who has had opportunity for observation can attest the frequency of this class of disorders among factory girls, and the difficulty of their cure while the patient retains her place in the mill.

Prominent among the disorders alluded to is a tendency to aggravated menorrhagia; and to give some facts of a single case, and the treatment adopted, was the object of this communication.

I was hurriedly called one evening to Mrs. —, a young married lady of apparently good constitution, and on arrival was informed that she was "flowing terribly;" that five weeks previous she had aborted at about four months, at which time she flowed very profusely, and had continued to do so ever since at periods of only a few days intermission. From the first she had been under the care of a neighboring physician, who had advised rest, and tried the usual remedies. This attack was immediately occasioned by a little exertion. On removing the tampon which had been applied, in order to make a digital exploration *per vaginam*, the full contents of the canal poured away *uncoagulated*. On applying the finger to the os tincæ no foreign body could be discovered within it, but it was somewhat patulous, and poured away a stream of blood the force of which could be distinctly felt by the finger. Patient was in a feeble and excited condition. The bowels, which were habitually constipated, had been confined for several days—probably under the effect of astringents. Patient possessed an idiosyncrasy against opiates, though injections of laudanum had been used persistently. I had reason to believe that the administration of ergot had been tried. Reapplying the tampon, I sought for a hæmostatic which should not aggravate concomitant troubles. Recalling some remarks of Dr. Ludlow in the Blockley Clinic, on the styptic effects of turpentine, and Dr. Graves's esteem of ipecacuanha, enjoining perfect rest in bed, I ordered—

R.—Ol. terebinth. ℥ij;

Ol. ricini, ℥iij. M.

Cap. Rept. quoque bihora, alvo adstricta.

R.—Emetine, (P. & W.) gr. ij;

Aqua pura, ℥jss. M.

Cap. Coch parv quoque hor. quadranti, ad nauseam.

One-half ounce of the turpentine had been taken before the bowels moved. The emetine was repeatedly pushed to slight nausea, not fur-

ther. The hemorrhage speedily subsided. The subsequent treatment consisted of a generous course of tinc. ferri perchlor., with sufficient of cathartic vegetable extracts to keep the bowels free, with a simple but nourishing diet, under which the patient rapidly recovered.

Interesting Case of Fracture of the Neck of the Femur in a Paraplegic Man; Firm Union in Five Weeks.

By CH. L. STODDARD, M.D.,

East Troy, Wisconsin.

G. W., aged thirty-three years, had his spinal column fractured about six years ago by the falling of a tree, which he was cutting; paraplegia was the result. He was at the time in Oregon, and under the tender mercies of some private hospital physician, such as that State and California then abounded in, suffered all the horrors of the rack in the endeavor to straighten the spinal column, then in an inflammatory state. Strychnia was next employed with no perceptible advantage, however, as he was brought home with total paralysis of his lower extremities. The bowels would remain in a state of torpor for about a month, very little passing, when suddenly a diarrhœa would set in, evidently the result of decomposition; without, however, that peculiar smell consequent on torpidity of the liver, but of a peculiar nature, differing from anything I had ever met with before.

He remained in this state for about three years, without any apparent improvement; about this time he noticed a little power of motion returning to the adductor muscles of the right thigh, which gradually increased, together with some degree of sensation in the integument of the corresponding region, so that now he has full control over those muscles. The bladder is still in a state of torpor, requiring the constant use of a catheter. For some time past he has been employed as collector of taxes in the township in which he resides, being able to drive a horse after being placed in a vehicle. While engaged in that business in July of last year, he was thrown from his buggy, causing a fracture of the left cervix femoris, near the great trochanter. I was called in next day, and found him as above described, without, however, any pain; he did not even know of the fracture for several hours after its occurrence, until his attention was directed to the crepitus, it being very plainly heard, as the muscles offered no resistance, being perfectly flaccid.

Now the question of treatment arose. What was to be gained by an attempt to apply splints for the purpose of keeping the bones in apposition, the broken limb being as useful in that state as any other? And, besides, it was very doubtful if, in the impaired and irritable state of his system, he could stand the necessary confinement. He was also very subject to bed-sores from lack of vitality in the soft parts. Again, was there any probability of union under such circumstances, if he should be confined for the necessary period?

On fully considering all these points, I concluded that the application of splints of the ordinary kind would not be justifiable; but, however, after stating my views, and giving as full an explanation as possible to the patient and his friends, in which they concurred, I requested that some surgeon might be called in consultation, which was agreed to.

The consulting surgeon wished to try the experiment of placing him in the ordinary Physic-Dessault, but neither the patient nor friends would consent; being rather inclined to my views.

I therefore prepared an apparatus of hard leather, to extend from the crest of the ilium to about three inches below the knee, and embrace the thigh and hip fully, for the purpose of retaining the parts somewhat in apposition, which answered a very good purpose, as there was no opposition encountered from the muscles.

I have searched extensively, both in periodicals and text-books, for an analogous case, but have not been able to find one. Nature, however, which is always a reliable teacher, soon relieved me; for in five weeks from the date of injury firm union had taken place, and no apparent deformity could be seen. The patient continues in exactly the same state as before the fracture, no change being apparent in the paralyzed limbs.

The above case has proved a very interesting one to me in two points: 1st. As showing that the nutritive process is independent of, or dependent only to a small degree on, the cerebro-spinal system. 2d. That at least one of the commonly considered essentials of inflammation is not an essential, as I have seen the foot of this man badly burned, without his feeling pain at that time, or during the healing process, in which a high grade of inflammatory action was developed, consisting of heat, redness, and swelling, without a particle of pain.

[NOTE.—We regret that Dr. Stoddard has not

made the history and progress of this unique and interesting case more complete, especially in its application to the two points named in his last paragraph. An important statement is there given as a matter of fact, which, though entirely clear to the mind of the writer, no doubt, is nevertheless obscure to the reader, because the particular phenomena, on which it is based, are not more fully reported.—Eds.]

On the Inspection of Blood, Meconium, and other Stains;

Considered with Special Reference to Medical Jurisprudence.

By GERARD ARINK, M.D.,
Of Rochester, New York.

The examination of blood stains may be accomplished either with the microscope or by means of chemical tests.

When a blood stain can be looked at by holding it up to the light, it will be seen to have a shining, dark-colored surface, rather of a garnet red.

To ascertain whether a certain stain be blood or no, the place it occupies should be cut out, or scraped off, and such material put between two watch glasses, soaked in a little aqua destillata; when, if blood, though of ever so old a date, the blood color will reappear within a few hours; but, if the solution remain colorless, it is certainly no blood stain.

A microscopic examination of the scraped-off, dry blood stain will cause to be visible a very fine, felt-like, febrile texture; sometimes blood globules are found.

The chemical examination of blood must show not only blood-color matter, but also albumen, for the examination of which different methods are used.

If the suspected solution before described be either boiled in a re-agens tub, or a little acidum nitricum be added thereto, there will be made a coagulum of the albumen.

A solution of acidum nitricum containing nitras protoxidi hydrargyri, if there be the smallest quantity of albumen present, will produce a reddish color, and cause a red precipitate.

The re-agentia for blood-color matter are: the solution of chlore-calcium, by the application of which to vegetable color matter it will be made to disappear speedily; but if the same be applied to a blood stain, it becomes brown, and by long action of the re-agens upon it slowly becomes

white; also acidum sulphuricum with alcohol, which dissolves the blood-color matter, bleaching the stain, as it were. Acidum hydrochloricum, which will remove stains of iron rust immediately, has no effect whatever upon blood stains.

There are two other accurate and beautiful tests for the justification of blood, viz.: the hæmatin and the ozon tests.

The hæmatin test consists in boiling the suspected blood matter with acidum aceticum, when, if blood be present, there will be produced dark-brown rhombic crystals, piled transversely one upon another, (hæmatin crystals.)

The ozon test consists in mixing the suspected matter with oleum terebinthinæ (ozon vehicle) and tinctura guajaci, when, if the substance be blood, the fluid will color blue, no matter though other substances be mixed with it, or how little the quantity of blood may be. The smallest quantity of blood, and that of so old a date as to have lost its color, if soaked in aqua destillata, and to the solution be added a few drops of oleum terebinthinæ and ad tinctura guajaci, will produce immediately a blue color; even if the blood have been previously boiled, it will not interfere with the operation of this beautiful test.

This test will also operate just as truly in the case of blood that may have been kept for years in vinegar or alcohol.

Dr. Van Deen, the discoverer of the ozon test, says that one two-thousandth part of a grain of dry blood and one drop of oleum terebinthinæ and tinctura guajaci will produce a blue color.

Meconium Stains.—These stains are of a brownish-green color, very easy to be removed or washed away, as they are superficial. On the application of the microscope to them, we find cholesterine crystals and epithelium cells. More important, however, is the chemical process for their identification.

Meconium dissolves in cold water, making a slimy, yellowish-green solution, in which the reagentia (blue and red litmus-paper) remains apparently unaffected, while on the surface of the solution floats a brownish matter. If to this watery solution be added acidum nitricum, a reddish-violet color is produced. Sugar and sulphuric acid added to the solution will produce a purple-red color.

Semen Stains.—The only certain method is a careful softening or maceration of the stain with aqua destillata; after which the aid of the microscope will enable us to find spermatozoën.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. GIBBS, M.D.

A CASE OF HERMAPHRODITISM.

The following interesting case is reported by Dr. J. W. Bragg, and published in the *Boston Medical and Surgical Journal* for November 28th. We give the case entire:—

"In the examination of recruits for the United States Naval Service, this morning, a very interesting specimen presented himself for admission. He combines, in a most remarkable manner, a perfect female form with male generative organs, though in a very embryotic condition. Perhaps no better idea can be conveyed of him than by giving a general outline of his features.

"He is a native of Ireland, and now twenty-two years of age. He has followed the sea for the last ten or twelve years. He is five and a half feet in height, with blue eyes, light hair, and light complexion. His usual weight is one hundred and fifty pounds. His voice is of a decidedly feminine character. He has no beard; and no hair, except upon his head, and a few short scattering appendages around his rudimentary penis. His hands, arms, and shoulders have the form, plumpness, and in every way the appearance of a well-developed female. His breasts are full, round, soft, and beautiful, with well-developed nipple and areolæ, and identical with the breast of a virgin. The curves of the thigh, so characteristic of the female, are well shown upon this truly wonderful form. His legs, feet, and body all conform to that of a female. Upon a superficial observation of the genital organs, they were found to resemble those of a female, with a greatly enlarged clitoris. But upon more minute examination, we find the apparent external labia to consist of two folds of a diminutive scrotum placed in apposition to each other. The raphe is distinctly marked. The testicles, which are about the size of a large pea, are situated high up in the region of the external rings, a little in front, and beneath them. The penis is about *one inch and a half in length*, with corresponding circumference. The prepuce adheres to the glans penis. He represents that he is capable of coition with females, (?) and that his feelings sometimes prompt him to indulge. His penis is capable of erection, and he states, of emission of semen."

Though this may be a singular case, it wants the evidence of being a case of hermaphroditism. There is no evidence given that the subject had a uterus or ovaries—a vagina he certainly had

not. There was evidently a defective development of the masculine sexual organs, and a comparative femininity was the result. Should the subject die, a post mortem would be of interest, and it might throw light upon this singular case. Possibly the subject may be found to possess a uterus, and the testicles, "of the size of large peas," may prove to be ovaries.

We are skeptical in regard to hermaphroditism—we do not believe there ever was a case presenting the development, even rudimentary, of the male and female sexual organs entire, in combination.

USES OF THE BILE.

In the *Boston Medical and Surgical Journal* for November 28th, Dr. W. G. Bruce has an article upon the secretion and uses of the bile. The investigation of this subject is an interesting and complicated one, and we can only touch upon a point or two. In regard to the secretion of bile, he says:—

"Fatty food is found not only not to increase it, (the bile,) but the secretion materially diminishes under its use. It might be anticipated that in the formation of a substance so rich in fat as the bile, it would be materially assisted by the copious use of fatty food, but experiments prove it otherwise, and it may be said that a diet of pure fat is, so far as regards the secretion of bile, analogous to a starving diet."

Haller was of the opinion that bile possessed the property of dissolving fat. This is probably correct:—

"The bile contributes, in association with the pancreatic juice, to the perfect disintegration of the fat, and thus, to a great degree, promotes its absorption."

In addition, our author says:—

"A very important action of bile on fleshy matters, which is of practical bearing as regards our health and comfort, is its *antiseptic* properties. It is found, in animals, that when no bile is allowed to flow into the intestines, the contents undergo rapid decomposition, accompanied with the secretion or formation of fetid gases and feces smelling like carrion. The same condition is sometimes observed in patients with jaundice; and, although it is not attended with any disastrous or fatal consequences, yet it is excessively distressing. In animals fed solely on starchy food, no decomposition took place, the feces being sour rather than putrid. Hence the bile acts on albuminous substances to prevent decomposition, and preserves them in that condition in which they may be the more readily absorbed by the villi of the intestines."

Other uses are ascribed to the bile, but we have not space to enumerate them. We have space only for Dr. Bruce's conclusions. He says:—

"The bile may be said to perform the following duties, which, from the present state of our knowledge, is all that can be attributed to its action:—

"1. To remove a small amount of effete material in common with the action of all other secretions.

"2. To prevent the too rapid decomposition of albuminous material.

"3. To assist in the passage of oily substances through the intestinal membranes."

SUCCESSFUL TREATMENT OF UNUNITED FRACTURE OF THE FEMUR, OF THREE YEARS' DURATION.

In the *Lancet and Observer* for December, Professor E. S. Cooper, of San Francisco, Cal., reports an interesting case of ununited fracture of the femur, of three years' duration. The fracture had occurred through the place of the attachment of the abductor magnus muscle. The following is the method of cure:—

"An incision ten inches long was made on the outer side of the thigh, down to the bone. A bone chisel was then taken, and the bone decorated for an inch on either side of the point of fracture, including a considerable portion of the attachment of the abductor magnus muscle. The adventitious formation between the ends of the bone was then removed, after which the lower part of the thigh could be made to bend at right angles with the upper, which gave a clear view of the parts entering into the ununited fracture. Several pieces of fractured bone were found, some of which were entirely detached, while others were adherent to the periosteum. The first were perfectly white as bleached bone; the second, of which there were three, had a very different appearance. They resembled the cancellated structure of the articular extremities of the long bones. Their rough edges had been worn off by friction, and they were covered by a tolerably well-formed synovial membrane. The entire adventitious formation was covered with a development analogous to the bursæ mucosæ, which required dissecting away, as nature had made every necessary arrangement for motion between the two ends of the bone, but which arrangement it became the duty of the surgeon to break up. The surface of the fractured bone being fully exposed, their ends were sawed off to fit each other, when a drill of a line in diameter was passed through them, and a ligature very nearly as large introduced, and the ends twisted tightly together so as to form a firm knot over the point of junction of the bones. The ends of the ligature were then brought out at the most dependent part of the wound, a roll of lint large

enough to fill the entire wound introduced into it, and a roller applied as tightly as the patient could conveniently bear, commencing at the toes and carried as far as the upper part of the thigh. These were wet with an evaporating lotion, and permitted to remain unchanged for ten days. The roller was then taken off, and the lint exchanged for a fresh piece, when both were reapplied as before, the evaporating lotion being discontinued, and tr. iodine applied instead, which was repeated once or twice every day for two months. The ends of the wires were moved back and forth every third day after the end of the third week from the operation. The object of this was to keep the center of the wire from growing fast in the bone, and thereby rendering its final removal difficult. The lint was kept so constantly in the wound as to prevent a rapid healing by granulations, by which an opening was retained for the discharge of any diseased bone that might be exfoliated, a frequent occurrence after these operations.

"At the end of fourteen weeks the ends of the wire were untwisted, one cut off near the bone, with a pair of bone forceps having straight blades, and the other end carefully withdrawn.

"The patient had, from the period of the operation, kept the thigh in a tin incasement, made for the purpose, and which was continued until the end of six months, the patient during the latter portion of this period being able to walk comparatively well by the aid of a cane. Eight months after the operation the patient could walk very well, notwithstanding the shortening produced by the loss of bone; and one year later the limb was as strong as its fellow."

TREATMENT OF "BILIOUS" FEVER.

In the *Lancet and Observer* for December, Dr. Alexander M'Bride, Surgeon U. S. A., gives his views of the nature and treatment of bilious fever. He believes it to be a disease in which the carbonaceous elements of the body appear to be chiefly concerned. We shall confine our extracts to his views of treatment. He objects to mercury, especially with a view to its constitutional effect; he also objects to blood-letting. His treatment is thus given:—

"Evacuate the stomach and bowels freely, by mild purging or vomiting, sometimes both; but if both are adopted, the stomach and bowels, if the emetic be given first, should be quieted for a few hours by an opiate before the cathartic is given. Ipecac. (or ipecac. and sanguinaria) is the best emetic. Alexandria senna and Epsom salts, with anise or coriander seeds, is the best cathartic, given in divided doses, so as to produce a mild and full effect. After this, pulv. Doveri, with excess of ipecac., or about three or four grains pulv. sanguinaria added to the pulv. Doveri. This to be given about every three or four hours for a day or two. If there is much of remission

and sweating, give quinine, about two to three grains every three hours until the exacerbation comes on, then proceed with the opiate as above. If the patient sweats all the time, as is the case sometimes, give quinine all the time. As often as it is apparent that there is bile and other secretions accumulated in the stomach and bowels, give a purgative or emetic as above, after which proceed as before: opiates, etc., and quinine. The patient will be convalescent in most cases on the eighth day.

"The reader will perceive that the whole plan of treatment is based upon the idea of maintaining a uniform tonicity or equilibrium of the arterial and capillary systems; which is effected by relaxing the capillaries during the exhaustion with opiates and nauseants, and exerting arterial tonicity in the atonic stage with quinine, by these means placing the arterial and capillary systems in the best possible condition for the discharge of their functions of absorption, convection, and elimination; and the removal by gentle means, from time to time, of excretory matters deposited in the *primæ viæ*."

He thus speaks of *gastro-enteric fever*:—

"Gastro-enteric fever, and remittent fever with enteric or gastro-enteric irritation, are merely phases of bilious fever, especially when these occur in the proper season of bilious fever. By reference to the foregoing maxim it will be perceived that the vomiting and purging must be very cautiously proceeded with, as the tongue is but sparsely coated. Emetic action is seldom necessary or admissible; the best purgative is an ounce of castor oil, with twenty drops of laudanum; the main treatment should be pulv. Doveri, or something similar thereto, every four hours, alternated with six to ten drops turpentine in emulsion or mucilage, with or without citric acid, every four hours. I generally use about this:—

R.—Oleum terebinth. f3j;
Mucilage, f3vij. M.

Dose, a teaspoonful.

"If the bowels do not move every two or three days, when purging is indicated, purge carefully as above.

"Quinine should not be attempted until the irritation is entirely removed.

"The size of the opiate in either form of the disease must depend on circumstances; I always give enough to mitigate distress and to abate the fever. The great distress from headache can be almost entirely removed by opium."

CALOMEL IN DYSENTERY.

In the *Boston Med. and Surg. Journal* for December fifth, Dr. W. G. Bruce has an article upon the treatment of dysentery with calomel. He says:—

"In dysentery it is the only remedy that has proved satisfactory in my hands." * * * "With it I have treated many and severe cases of dysen-

tery—that of my own among others—and in not a single instance has it ever failed me; and in not a single instance have I ever witnessed any untoward symptoms from its use, in *any* disease. In dysentery I commonly use it as follows: B.—Hydrarg. chlorid. mit. ʒj; opii pulv. gr. iij. M. Div. in chart. No. 6. Dose, one powder every three or four hours. With this I succeeded in not only arresting the discharges, but in curing the disease. Some disapprove of calomel in the 'acute stage' of dysentery, but I have found it of uniform value in *all* stages. Let others try it, and report results."

Dr. Bruce is just the man we would like to see "try" the treatment, for the disease under consideration, that we have, both in the *American Medical Monthly* and in the *Reporter*, called attention to and highly recommended. After a fair trial, we suggest he "report results." We may be mistaken, but we think he will find, under the change, that his cases of dysentery will be cured in *half the time* formerly required, and that, in his cases, if early commenced with, convalescence will be more perfect.

PLASTER OF PARIS SPLINTS.

In the *Am. Med. Times* for December 7th, Dr. James L. Littell has an article upon the treatment of fractures by the plaster of Paris splints. The plaster of Paris splints are by no means a novelty; they have been used in Paris for a considerable time, but have probably been neglected in this country. Dr. Littell thus enumerates some of its advantages:—

"Its advantages are, its facility of application and its perfect adaptation to the limb, being borne by the patient better than any other form of apparatus. Although we have applied it more than twenty times, and in every case directly against the integument, yet in no instance has it given rise to any undue pressure over the malleoli or heel points, which are apt to trouble the surgeon considerably. Another interesting feature may be stated: that it has never produced any excoriations, but, on the contrary, in several instances where it has been applied over denuded surfaces, it has apparently exercised a healing effect."

The advantages over the starch bandage are, that it can be earlier applied, the limb can be daily inspected without the removal of the dressings, and, in the application, it rapidly sets, acquiring firmness in fifteen minutes; whereas the starch dressing requires hours and even days to acquire solidity.

"Its advantage over the gutta-percha is its great porosity, keeping the limb perfectly dry

without confining the perspiration, and thus doing away with one cause of irritation and excoriation. It does not require padding like the gutta-percha, and it is much cheaper, an important item in hospital practice."

The mode of application to the leg is as follows:—

The limb is first to be oiled; "a piece of old, coarse, washed muslin is next selected of a size so that when folded about four thicknesses it is wide enough to envelop more than half of the circumference of the limb, and long enough to extend from a little below the under surface of the knee to about five inches below the heel. The solution of plaster is then to be prepared,

* * * * * Equal parts of water and plaster are the best proportions. The plaster is sprinkled in the water and gradually mixed with it. The cloth, unfolded, is then immersed in the solution and well saturated; it is then to be quickly folded as before arranged, and laid on a flat surface, such as a board or a table, and smoothed once or twice with the hand in order to remove any irregularities of its surface, and then, with the help of an assistant, applied to the posterior surface of the limb. The portion extending below the heel is turned up on the sole of the foot, and the sides folded over the dorsum and a fold made at the ankle on either side, and a roller bandage applied pretty firmly over all. The limb is then to be held in a proper position, (extension being made, if necessary, by the surgeon,) until the plaster becomes hard. The time required in preparing the cloth, mixing the plaster, and applying the casing to the limb need not take more than fifteen minutes. After the plaster is firm and bandage removed, we will have a solid plaster of Paris case partially enveloping the limb, leaving a portion of its anterior surface exposed to view. * * * * * If necessary, an anterior splint, made of the same material, can be applied, and then both bound together with adhesive plaster, and, if desirable, a roller bandage over all. If the anterior splint is not used, two or three strips of adhesive plaster one inch wide, or bands of any kind, may be applied around the casing, and will serve to keep it firmly adjusted to the limb. Thus applied, we have a most beautiful splint, partially enveloping the limb, making equal pressure, light, and allowing the patient to change his position in bed, or to sit up in a chair, or go about on crutches; and a splint which can be easily made in any place where plaster is to be had."

The plaster of Paris can be used for other fractures besides the leg with equal facility, and is susceptible of being adapted to other purposes than that of splints. Dr. Littell thus suggests its use in club-feet:—

"Although we have had no opportunity of witnessing its application in cases of club-foot, we may venture an opinion that no better shoe

could be constructed, and none which would fulfill more indications after tenotomy has been performed, than by these accurate mouldings to the limb. During and for a while after the application of this dressing, due attention should be paid to adjustment of the foot. The gutta-percha shoe, which is more troublesome to make, and certainly in many respects not as good, might thus be dispensed with."

HERNIA.

In the *Am. Med. Times* for December 7th, Dr. J. W. Riggs has an article upon the causes, frequency, prevention, and treatment of hernia. For several years past Dr. Riggs has given no small amount of attention to hernia. He strongly, and probably justly, objects to the usual truss with a convex pad. He has invented a multipedal or knobbed truss, for which he doubtless justly claims superiority.

Hernia is remarkably common: it certainly seems to us that full one in ten are thus affected. A large proportion of those thus afflicted escape strangulation by submitting to the perpetual annoyance of a truss; but few, very few are cured by such means. So far as our observation goes, a large proportion of those afflicted with hernia buy a truss, adjust it themselves, and never consult a physician, unless perchance strangulation results. To this Dr. Riggs objects, and insists upon a requisite supervision by the medical attendant, and concludes his argument upon this point with the following rather sad picture:—

"But arguments in support of a proposition so self-evident as that *hernia, like all other diseases, demands the care of physicians*, need not be multiplied. The dark and unsatisfying retrospect of the disease testifies too clearly of the worse than negative results of treatment in the past; and to any objections that may be urged against a policy so obviously just, as well as to every argument that might be offered either in explanation or justification of the entire neglect by the profession of sanitary interests so vast, let the fitting response be heard in the urgent, ceaseless, and hitherto unavailing appeals for deliverance from the numberless victims of this disease, and in the heart-rending cries of those called daily, in different parts of our land, to mourn the sudden and untimely (if not needless) death of some friend, the early victim to strangulated hernia."

He concludes with the following propositions:

"1. That hernia, even as it now exists, with all the disadvantages resulting from the want of proper management, may, in most instances, be materially benefited, and oftentimes cured by judicious treatment.

"2. That in children and young subjects such

treatment, from its early stages, would almost invariably cure the disease; and instead of having, in consequence of its previous existence, incurred the certain liability to its recurrence in after-life, such persons would be even less exposed than many who had not had the disease, nor used a suitable and well-adjusted instrument for support and protection early in life.

"3. That this disease (both femoral and inguinal hernia) in adults, as well as in children, would generally be cured by proper treatment; and when not cured, would be so far remedied as to be free from suffering and from danger to the life of its victim. And whether to secure these results, and in time well-nigh exterminate the disease by the adoption of such policy as obtains in all other diseases, or (as heretofore) to leave it entirely to chance, and to be found in almost every family, is believed to depend wholly upon the medical profession to decide."

It seems to us that the climax of simplicity and effectiveness has not yet been reached in the construction of a truss. The methods adopted for a radical cure of hernia are to invaginate the scrotum and to fix it as a permanent plug, by means of adhesive inflammation, excited by a seton at the internal abdominal ring. It seems to us as though a truss should at least attempt the same. The following is our conception—who will first make and put it on trial? To a delicate steel spring, of proper strength, shape, and size, attach, at one end a ball of sufficient size to act as a plug to the internal abdominal ring, to the other a pad with a concave face. Invaginate the scrotum, carry up the ball extremity of the spring or truss to the internal ring, and adjust the padded extremity to the surface of the body and directly over the ball. The attachment of a band, passing around the body, will hold the instrument from slipping, should it be disposed to do so. Should such an instrument be found, on trial, to be practicable, it seems to us it would possess many advantages. No injury would be done by it to the spermatic vessels and cord, and the slight friction of the parts, under pressure, would soon result in adhesive inflammation, and thus render the long continuance of the truss unnecessary.

POISONING BY APPLICATION OF STRYCHNIA TO THE PUNCTA LACHRYMALIA.

In the *American Medical Monthly* for December, Dr. Charles Schuler has an article upon the above subject. In a case of *amaurosis* he thus applied strychnia by Langenbeck's method, and the most alarming symptoms of poisoning supervened. He thus concludes his article:—

"Without attempting to offer a physiological explanation of a fact which proves that a very small quantity of strychnia may speedily cause death, when absorbed by the puncta lachrymalia, we would call the attention of our professional brethren to the most important point in this case, viz., its bearing upon medical jurisprudence.

"I. From five to fifteen centigrammes, either of pure strychnia or one of the salts of strychnia, placed on the internal angle of the eye of a sleeping man, would be sufficient to destroy life speedily and silently.

"II. The detection of the poison, which could be found only in the lachrymal canals, and on the mucous membrane of the eye, would be extremely difficult, inasmuch as the powder adherent to the corner of the eye might easily be rubbed off by the hand of the murderer, or of the dying man himself.

"III. Experiments upon vertebrate animals would probably furnish some method of ascertaining the presence of the poison in the lachrymal canals, or in the blood. Still it is by no means certain that such experiments would have results similar to those observed in the human subject, since the lachrymal apparatus of the lower animals is not so immediately dependent upon the brain and spinal marrow as it is in man."

ERGOT IN DELIRIUM TREMENS.

Before the Kings County Medical Society, as per report in the *American Medical Monthly* for December, Dr. O. H. Smith said that—

"Some few years ago he gave half a teaspoonful of the strong tincture of ergot, every two hours, for *delirium tremens*, intending to have used *tinct. opii*, but the ergot put the patient *asleep*. He was surprised, of course, and supposed it only a coincidence; yet the next case of *delirium tremens* he attended he *intentionally* gave the ergot in the same way, and with the same effect, and since he has often used it, and looks upon it *almost as a specific for mania a potu*, and asks the Society to try it."

We have, for several years, been convinced of the *sedative* properties of ergot. Almost invariably, for the last five years, in obstetric cases, we have given ergot, about half an hour before we expected the completion of labor. The result has been, we have had no cases of hemorrhage of any consequence, the placenta has been promptly delivered, and not more than one case in twenty has required an opiate to procure quietude and sleep. To-day we were called to a case of convulsions, in a married lady, from uterine irritation. So confident were we of the *sedative* and *tonic* action of ergot over the spinal centers, that we gave it, in combination with small doses of morphine, and we have no fears of the immediate return of the convulsions.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 5, 1862.

COMMENCEMENT OF A NEW VOLUME.

This number begins the eighth half-yearly volume of the REPORTER in its weekly form. The very heavy inroads on our subscription list during the past year, by the stoppage of the mails to the Southern States, by enlistments in the army and navy, and by the "hard times," have now been much more than made up, and we begin our new volume with an addition of a thousand copies to our weekly issue, and some pages of reading matter in each number.

Through the official action of Government, the REPORTER is regularly sent to the various military stations throughout the country, and this, with our other arrangements with medical officers of the army and navy, will make our journal a vehicle of reliable and interesting communications from intelligent men in these departments of the public service—a very important feature in these stirring times. Our facilities for obtaining information, and the extent of our correspondence, are fully attested in each number.

FATAL ANÆSTHESIA.

When, a few years ago, deaths from the anæsthetic use of chloroform were becoming frequent, we began to impress on the profession the necessity of the greatest caution in its administration, and urged the propriety of a more general resort to sulphuric ether for the production of anæsthesia in ordinary cases. It was then hoped that a more cautious administration of the article, and the avoidance of it altogether in subjects on whom its action, it might be inferred, would be unfavorable, should avoid fatal results. It was also hoped that physiological and pathological investigations would explain the manner in which these sudden deaths from chloroform occur, and so enable us to avert such issues. But the lapse of time is only adding to the long dark list of those who entered the anæsthetic sleep to wake no more, and science has revealed nothing of the mysterious causes of such deaths, nor given any means by which they can be averted.

After deaths from chloroform had been recorded by hundreds, and the appalling mortality seemed to continue without control, we took a decided position in opposition to its general use as an anæsthetic, and urged that, while we have in sulphuric ether an almost absolutely safe anæsthetic, its use should be almost exclusive. The choice between ether and chloroform should, we think, be no longer decided by the whim or convenience of the surgeon. The question of ether or chloroform is now more ethical than æsthetical—one of real moral consideration. No caution can avert fatal issues; they have occurred in the most cautious hands, and after but the first few inspirations; no choice of cases will insure safety, for the majority of deaths have been among the most vigorous.

Our attention has just been impressed with this subject by the recent occurrence of a death from chloroform in the Bellevue Hospital, New York. There is in the record of the case nothing novel, and all that will be gained from it will be a warning, which may have an ephemeral effect, and the adding of another to the increasing fatal array which now stands against chloroform. It is but the same oft-repeated story of death when but a "very small quantity" had been inhaled, and during a bloodless operation. This is, we believe, the second death from chloroform in that institution, and we happened to be once present in its wards when death from the same cause seemed fearfully imminent, and the operator at once forbid its further use among his patients in the hospital. We believe that the time is coming when, if the use of chloroform and its casualties continue, coroner's juries will deal in an unpleasant manner with those in whose hands the fatalities occur.

In the City of Philadelphia chloroform has long been discarded by most medical practitioners. Indeed, we know but one surgeon among us who advocates the exclusive administration of chloroform; but the eminent position of that gentleman, and his influence as a teacher, have had the effect of keeping chloroform as an anæsthetic in favor among some members of the profession.

The following comments on the last recorded death from chloroform, by our cotemporary, the *Boston Medical and Surgical Journal*, are fully indorsed by us:—

"The occurrence of a death from chloroform in a metropolitan hospital, although the verdict

of the coroner's jury exculpates the house-surgeon who administered it, suggests the inquiry whether the responsibility really devolving upon those who use so dangerous an agent can be thus readily shifted, and whether, in the light of present experience, it is not censurable, to use no stronger term, to expose patients, by the employment of one anæsthetic, to the risk of losing their lives, when in another we possess the means of securing an insensibility which is entirely satisfactory, and at the same time perfectly safe.

"In the present instance chloroform was given to a young woman, admitted to the hospital on the 3d ultimo, for the purpose of manipulating a recent injury of the shoulder-joint; but a very small quantity was used, and that with every precaution, and the patient was not brought profoundly under its influence. She died before the examination was completed. We hear nothing against the quality of the article used; on the contrary, it is said to have been perfectly satisfactory. There was nothing unusual in the condition of the patient, the accident, or the circumstances of inhalation; it was a common case of death from chloroform, affording still another illustration of what all surgeons know, though some of them are reluctant to acknowledge the fact, (witness the silence of the New York medical journals with regard to this case,) that no care taken, and no purity of the chloroform used, can avert the fatal shafts of this treacherous anæsthetic. It is very true, and fortunately so, that an event of this nature is of comparatively rare occurrence; that it happens for the first time in any particular hospital cannot, however, be claimed as a credit by its surgeons; they have only their good fortune to thank that so long a period of immunity in its use has been permitted them.

"We learn that by a vote of the surgeons of the New York Hospital, chloroform has not been used in that institution for twelve or fifteen years. A resolution formerly offered at the Bellevue Hospital that it should be administered only under the supervision of the attending physicians and surgeons, was not adopted. Such a recommendation now forms a part of the finding of the inquest. If the testimony of Dr. Willard Parker and Dr. James R. Wood in favor of ether is not to be heeded, it is to be hoped the suggestion of the jury will at least be listened to, and that the use of chloroform will henceforth be restricted to as few persons as possible. It is fortunate, perhaps, that the young gentlemen of the medical class of the Bellevue Hospital College, before being scattered to their homes, have had their attention forcibly called to the dangers of an agent which many of them undoubtedly have felt to be so innocuous in its nature. We are glad, too, if such occurrences, we can hardly call them accidents, must happen, that this one has preceded the vote about to be taken by the New York Academy of Medicine upon the conclusions of Dr. Barker's paper on the use of anæsthetics in midwifery. It cannot but make every member

feel deeply the responsibility attaching itself to a vote which indorses the superior merits of chloroform for any purpose whatever. Only the other day a correspondent of an English medical journal, writing from Paris, spoke of the hesitation with which chloroform was there given, and of the cries of the half-chloroformed patients undergoing operations by hospital surgeons who do not dare to withhold an anæsthetic, and yet give it with fear and trembling. It seems to us, if facts accumulate as they have heretofore, and men's minds remain open to conviction, and unbiased by prejudice or partisan feeling, that the responsibility attaching itself to the exhibition of chloroform will soon be found here, as it bids fair to be in Paris, and (we are told by Dr. Hay, of this city, who has just returned from there) in Vienna also, greater than most surgeons will feel inclined to add to that of an operation.

"Our readers will have anticipated us when we say that none of these apprehensions accompany the use of sulphuric ether. It is very easy to heap abuse upon the odor or the bulk of this anæsthetic agent, or upon the zeal with which Boston defends its claims, and to assert that deaths have been caused by its inhalation. It is not so easy to point them out and prove them such. The burden of proof rests with the friends and defenders of chloroform. That they have done this we are not aware. It is true that certain cases contained in the ether report of the Medical Improvement Society of this city have been quoted in a very general way against the committee, and one of their conclusions questioned, but no one, we believe, has undertaken to maintain or show that in any particular instance a fatal result was really and unquestionably due to the inhalation of pure sulphuric ether. The extent of objection has been that it is not made perfectly clear in certain cases that death *may* not have resulted from this cause. But without regard to the views of that committee, or the society it represents, of the safety and entire efficiency of sulphuric ether there can be no doubt. Considerations of humanity, therefore, ask for a fair and candid trial of its claims to produce perfect anæsthesia with a degree of security far superior to any other anæsthetic yet discovered; and we feel perfectly assured that any one who once becomes familiar with its use, will learn to place implicit confidence in the reliability of its properties."

The Casualties of the War.—The Boston Journal has compiled a table showing the casualties of the most important battles of the rebellion, including that near Winchester. The following is a recapitulation: **UNION.**—Killed and wounded, 8246; Prisoners, 1440; General killed, 1; Losses, 33 cannon, 4 ships 1000 muskets. **REBEL.**—Killed and wounded, 12,029; Prisoners, 18,707; Generals killed, 3; Losses, 220 cannon; no account of ships and steamers.

EDITORIAL NOTES AND COMMENTS.

The Late Explosion.—The terrible explosion in Jackson's cartridge manufactory, in this city, on the 29th ult., is the theme of street conversation, and of painful reflection to the surviving friends of the victims. Nearly one hundred men and women, lads and girls, were engaged in the building at the time of the accident, but few of whom escaped uninjured. Mr. Jackson had a government contract for the supply of cartridges, and his operatives were engaged in filling them with powder. The apartments of the buildings were small, close, and badly ventilated, if at all. The machinery was constantly evolving heat by its friction, and a stove, glowing oftentimes with red-hot coals, lent its aid in raising the temperature of the rooms to an igniting pitch. Added to this, in this reeking burning apartment powder was constantly dropping upon the floor, and a magazine but partially protected was immediately adjoining. The gross carelessness in the management of the establishment is apparent, and the wonder is that the explosion did not occur sooner, and become more awful in its consequences. As it is, nearly a hundred human beings were burned, bruised, and stunned; their faces discolored; their clothing rent, and they subjected to all the anguish that fire can inflict. Some were killed outright. The survivors, writhing in agony, some with legs and arms dislocated; some with their sides and breasts withered and seared by the flames; and some with their hair burned off, and scalp singed, were properly cared for at the hospitals, and in the neighborhood, where all that medical skill could devise was employed for their relief. Many of these will yet find rest from their sufferings in death. Nature cannot rally from the awful shock.

The loss of property from the explosion was great, but it is scarcely noted in the general outburst of sympathy for the unfortunate victims.

And yet, amid the general gloom, there is a secret hope that the end of these catastrophes in our city is now reached, and that all such hazardous employments will be indicted as nuisances, and prohibited within the city limits.

At the present writing ten of the victims are dead.

Count Cavour's will bequeathes ten thousand dollars to the Children's Hospital at Turin.

Medical Topography of Camden Co., N. J.—

Such is the title of a paper read before the New Jersey State Medical Society, at its late session, by Dr. O. H. Taylor, of Camden, and which the author has done us the favor to send us in pamphlet form. We have read it with pleasure, and regard it as a valuable contribution to medical topography. The influence of locality and soil upon the prevalence of disease is a subject too little studied. There are but few who, in their own practice, can trace the first incoming, the extended prevalence, and the decline of malarious diseases in their vicinity; and perhaps still fewer whose habits of close observation would lead them to the conclusion that the progress of civilization—felling the trees, draining the marshes, or letting in the rays of the sun upon the dense, damp underfoliage of the forest—had any influence in that progress. Yet here we have an instance of the fact, for Dr. Taylor tells us (and we suppose he speaks from actual knowledge of the fact in his own practice) that

“Thirty years ago miasmatic fevers, intermittents, remittents, bilious, and dysenteric, were more or less extensively endemic every spring and autumn throughout Camden County, everywhere, except perhaps in the pine forest; nor were even such situations by any means generally exempt, the cedar swamps being remarkable in this respect, [whether for exemption from this miasm or not is not quite clear.] But the number and severity of the cases has been steadily diminishing, and now bilious fevers have become rare and manageable, miasmatic dysenteries have almost lost their intractable character, and the intermittents and remittents are comparatively few and far between.”

The doctor also mentions the fact that the “swamps in which the cranberry flourishes are remarkably free from miasm, and that the waters are usually pure, when the surrounding circumstances are taken into consideration;” and this he thinks is due to the principle well understood, “that vigorous vegetation is the natural antidote to swamp miasm, as a feeble and decaying condition of plants is the actual cause of its production.” And this plant, together with the cedar, it is his opinion, “exerts considerable influence upon health. * * The value of cedar swamp water as a tonic, and the invigorating effect of the atmosphere of the pines, are too well known to need a comment.” And the doctor suggests, that as “pine air and cedar bathing, with a free use of the water, are invaluable in giving comfort and improving the strength of patients

laboring under phthisis during the summer months,” whether “a hospital so regulated as to preserve an equable and moderate temperature during the winters, within some appropriate forest, would not furnish us with additional means for prolonging or preserving life in an affection so utterly hopeless as phthisis?” The idea has somewhat of the fancy in it, and still more of the wild and romantic. The pine forest and the evergreen cedar would be pleasant earthly objects for the invalid to gaze upon, and as emblems of immortality beyond the grave; but the fair consumptive would, after all, prefer the charms of home and fireside to the solitude of the forest, especially since life could only be prolonged for a brief period.

Report of the Health Physician, Newark, New Jersey.—This interesting document has just been laid upon our table. It abounds in valuable suggestions and important facts connected with the sanitary condition of that city, and exhibits no little industry, energy, and intelligence on the part of the Health Physician, Dr. I. A. Nichols. From this report we gather the following items of interest:—

“The number of deaths during the year (1861) was 1793, of which a large percentage, 642, were under one year of age. The most fatal diseases were—typhoid fever, 30; cholera infantum, 132; consumption, 267; scarlet fever, 70; inflammation of the lungs, 107; and marasmus, 91. The whole number exhibits a decrease of 382 from 1860. There has been no augmentation in the rate of mortality, although the table shows a marked increase in the sickness of the city. This favorable condition is attributed to the care which has been given to the prompt abatement of nuisances.”

Appended to the Health Physician's report is the annual report of Dr. E. P. Nichols, Secretary of the Dispensary Board, giving a table showing the number of patients treated since the foundation to be 5014, (the last year showing a great increase over any preceding year,) the number of patients treated being 2438, nearly equaling the whole number of the first three years. This is accounted for by the state of the country, the general stagnation in business, the small wages paid to those employed, and the absence of so many husbands and fathers from their homes.

“Many who never before thought of asking aid, professional or otherwise, of the public, have been compelled by stern necessity, and some we know unwillingly, to apply to us for admission.”

The report says:—

"The Dispensary has thus far realized the idea of those by whom it was projected, and we trust will continue to increase in usefulness and efficiency, and remain a standing monument of the generosity of our public authorities."

Four of the attending physicians at the Dispensary have given their services to their country in this hour of peril. Two of them, Drs. A. N. Dougherty and G. Grant, are Brigade-Surgeons; one, Dr. A. W. Woodhull, is Surgeon in the 9th New Jersey Regiment; and one, Dr. E. D. G. Smith, is Assistant-Surgeon, U. S. N.

The subject of nuisances is considered, and due care and watchfulness is recommended in the construction of cess-pools, that they may not prove a source of infection to the neighborhood where they are located. So also the importance of security against infectious diseases is urged, by the adoption of such rules by the Board of Health as shall not only isolate at once infected places, but insure a plentiful supply of vaccine virus at the city Dispensary.

In closing, the report appeals to the Board and the public for a more generous support of the city Dispensary and Hospital, (the latter of which has had four patients during the year,) and announces a fact which ought to lead at once to some united and thorough action on the part of the citizens of Newark, viz., that "a city of 75,000 inhabitants has not a hospital worthy of the name."

Spirit Rations in the Navy.—The practice of issuing whisky rations to men in the navy is, it appears, still in existence, and, according to the reports of navy surgeons, is productive of no good, but immense harm, by exciting a strong appetite for intoxicating drinks, which, when allowed full license on shore, leads to beastly excesses. The same evil exists in the army, though whisky is not among the "regular" rations; still ample opportunities are afforded for the soldiers to procure it, despite all the attempts of commanding officers to prevent its sale. If not by the sutlers, it is clandestinely sold by the hangers-on of the camp, and nothing but the infliction of summary justice will put an end to it. Avarice and appetite are too powerful incentives to its sale and use to be easily overcome, and the one will always supply what the other craves, be it never so injurious or hurtful. It is the curse of the army and of human nature. In this matter the

"Confederates" have set us a most noble example, having prohibited its introduction and use among their troops.

Metropolitan Health Bill.—The Metropolitan Health Bill, now under discussion in the New York Legislature, though somewhat altered from the original introduced from the Sanitary Association, is admirably adapted to the purpose. The Board of Health proposed by it is composed of seven persons, of whom four are physicians, two are police commissioners, and one a citizen—all to be appointed by the Governor. It authorizes the appointment by the board of a number of medical health inspectors, who will perform the most important sanitary work, while the police force will be required to perform the rest.

There are, as we understand the necessities and duties of such officials, defects in the number and emoluments of the medical officers; but the passage of the bill, even with these defects, will effect a great and valuable change in the health arrangements of the metropolis. It is a strong bill. One section alone, if adopted, will repay all the time and labor spent on it, viz., that which abolishes the present worse than useless organization. There is an excellent prospect of its success.

American Medical Association.—It is with the greatest pleasure that we publish the following card from the Committee of Arrangements of the American Medical Association. We feel gratified to find that the action of the Committee has vindicated our judgment in this matter, and are confident that time will fully establish the propriety of that action. This brief card will be a lasting evidence that, in this trying time, the best interests of our National Medical Organization have been entrusted to men of wisdom and moderation.

American Medical Association; Further Postponement.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular *Annual Meeting* of the Association is further postponed until the first Tuesday in June, 1863.

N. S. DAVIS,	E. ANDREWS,
J. BLOODGOOD,	DE LASKIE MILLER,
J. W. FREER,	THOMAS BEVAN,
H. W. JONES,	Committee.

CHICAGO, March 29th, 1862.

CORRESPONDENCE.

Foreign Correspondence.

Hospital of Santo Spirito, Clinical Instruction in:
Reports of Cases, and Treatment; Hospital at
Milan, at Florence; Brothers of Misericordia.

Rome, March 4th, 1862.

For the last few weeks I have been attending the clinical lectures in the Hospital of Santo Spirito. There is there a special clinical ward capable of containing eighteen patients, and here, every morning at half-past eight, the professor goes around with the students. Ordinarily, twice a week lectures are given; but as we are now in the Carnival, there is nothing done but the clinical instruction. A great advantage to the student is, that he has very few companions to obstruct his view—twelve to eighteen being the number that go around the wards every day.

Before giving the history of any particular case, I shall mention some of the peculiarities of treatment common to all or many of the patients, as well as other matters connected with hospital management, which have come under my notice. As regards cleanliness, I am sorry to say they are sadly deficient here. The hands of some of the sick look as if they had not been near water, much less soap, for years; while the bodies, and more especially the knees and the feet, offer similar testimony. A warm bran-bath, which has been once ordered since I have been attending the lectures, for a case of skin disease, met with objections on the part of the assistants, who remonstrated, on the ground that it was not worth while to heat the pipes for that one patient. I think, however, that it was finally decided that an attempt would be made on the next day to give one. As regards creeping things, I have not seen more than three or four on two different occasions. They were very small, and I account for their appearance near the *foot* of the bed only, on the supposition that they thought the heads of the students more inviting residences than the overcrowded habitation which they had just left. I must not omit here, however, to state that very stringent orders were on this occasion given to the nurse to pick all up, and that since then, terrified by the example given to these few, the others seem not to venture out any more. Nothing has been done to reach the root of the evil, and their headquarters have thus been spared, perhaps from forgetfulness. As an example of estimate put upon the value of time in the hos-

pital, I will merely mention that to examine into the nature of the sputa, if a cup is not near at hand, the patient is told to spit on the coverlid, while the nurse has gone for the cup. A lesson in saving money might be taught to the physicians of the Pennsylvania Hospital, by another somewhat similar instance. To discover if bile is in the urine, instead of wasting towels or paper, dip a corner of the sheet into the vessel; and in this way you obviate expense as well as save the nurse all the trouble of carrying things about the ward after you.

In one thing, however, they are not sparing, and that is in writing, for all the symptoms of every patient are day after day taken down in full by some one or other of the students; and besides this, a full account of the symptoms, previous to entering the hospital, has to be extracted from the patient and written down, even in a simple case of rubella or rheumatism.

If I were asked to characterize the treatment here in one word, I should say antiphlogistic. I have seen more clots in the few weeks I have spent here than in all my life before, and the hunger complained of in the course of every visit is heart-rending to hear. Tartar emetic is in vogue for pneumonia, as might be expected in an Italian hospital, and cups and leeches are not forgotten; but mercury and blisters are not very much used. Sometimes the expectant treatment is employed: I may instance a case of variola, in which several days passed by without the administration of a single remedy, although the constipation seemed to call for at least a gentle cathartic. But the professor said that as nothing was eaten nothing was in the stomach or intestines, and consequently constipation was the normal and proper condition.

As regards bleeding in pneumonia, no remedy is considered here as so valuable. It is "*sacred*," and the only way in which patients can recover, if it is not employed, is after suppuration and the formation of a cavity, the portion of lung originally affected not being large enough to prove fatal, even if totally destroyed. The urine of every patient is uniformly examined on every visit.

I shall now proceed to give a short account of some of the cases, asking to be excused for the incompleteness of my notes on account of my imperfect knowledge of Italian, and also from the circumstance that they have been written down on my return from the clinics instead of on the spot:—

In Bed No. 1, on the 4th of February, the date of my second visit, a patient had a little dispute with the doctor on the subject of going away. It was a case of scarlatina in the state of desquamation, and I was edified by a lecture on the ignorance of the peasantry, who, we were assured, were very little above the brutes in intelligence; want of confidence in the advice of the doctor being the proof. After a long dispute, he was permitted to go.

On the 8th, the bed was filled by a man of about forty, with hæmoptysis. His occupation was that of breaking horses; and an accident, caused by a fall from a horse, is the cause to which he ascribed his sickness. This happened two years ago; the first hemorrhage took place a year ago, another some time afterward, a month ago the third, and now the fourth. He is advised to relinquish his profession and live a peaceable life; but as he says he cannot do this, he will, therefore, in all probability, die of the disease at last. The sputa now continue to exhibit a great deal of blood. Pain near left nipple. Treatment, to be bled a few ounces. 10th. As he is constipated, cassia and tamarinds. 15th. Expectoration free of blood. 19th. The pain of the left side continues, for which three dry cups are to be applied. It is worthy of remark that the injury produced by the fall from the horse was on the right side. 20th. Strength considerably greater. Is able to sit up on a chair. Slight diarrhœa. 22d. Dry cups again over seat of pain. The signs given by auscultation and percussion are still inconclusive. 24th. Yesterday, on account of the diarrhœa, two eggs were ordered as more easily digestible than meat; but to-day, on inquiry, it was discovered that the Subprior had refused to give so much to any one patient, on the ground of expense. This very naturally put the professor into a rage, and he observed, very justly, that no such restriction should be put on the physician without previous notice, so that he might regulate the remedies and the other articles of diet accordingly.

Bed No. 2. February 3d. Boy of fourteen, recovering from pneumonia; lymphatic temperament; subcrepitant rhonchi gradually extending themselves into portions where before nothing was audible. 11th. By auscultation a little respiration can be heard, even at the lowest part of the lung. 13th. Slight epistaxis. 15th. Last night a profuse epistaxis. 17th. Beginning of erysipelas at the right ear. 19th. The erysipelas covers nearly half the face, and there is a little suppurating at the right meatus auditorius externus. 22d. Whole face swollen; but only very slightly red. Tenderness of scalp. It is probable that the pneumonia was of an erysipelatous nature. Why should not this be the case as much when it occurs before the external attack as when it is postponed until afterward?

Bed No. 3 contained a case of prurigo, which was at first considered as possibly scabies. The itching prevented sleep. Treatment, ointment of sulphur and sulphate of potassa, with bran-baths,

if they can be obtained. I never discovered whether he ever had one of his bran-baths or not. February 15th. Goes away cured; but, perhaps, not permanently.

February 17. Monday. A man enters with a slight pleuro-pneumonia of the left side; has been sick since Friday, and has been bled three times. To take six grains of tartar emetic in the twenty-four hours. 18th. The first dose of the tartar emetic made him vomit; afterward tolerance was established. Three cups at the seat of pain on the left side. 19th. Oppression; has not slept all night. Increase the dose to eight grains, and bleed again if not thus relieved of the oppression. The pulse is firm; the skin and tongue dry and warm. 20th. Has been bled again; clot very firm and very much cupped. Pulse yielding and skin moist. Reduce the dose to six grains. 24th. Improving. Stop tartar emetic and give kermes, half a grain every four hours.

Bed No. 4. February 3d. Man of about forty years; delirious. Pulse very rapid and weak; skin dry; tongue dry and brown; stupid; eyes fixed. Answers slowly to questions. Attempts to get out of bed continually. Makes all his discharges in the bed. Sick nine days before he came to the hospital. Is taking wine, broth, and eggs. 4th. Abdomen somewhat swollen. Cataplasms to be applied over it. Delirium very great. From this time up to the 16th, when he left, there was a constant, daily improvement; the tenderness and swelling of the abdomen disappeared; the intelligence reappeared; and the pulse diminished in frequency, while it gained in force. The wine was continued until the 12th, and the symptoms treated as they arose. It was not till within a day or two of the patient's departure that the diagnosis was formally made out. "Febbre nervosa e miasmatica." A nervous and miasmatic fever. Two or three days before, it was stated to be certainly not typhoid.

On the 22d of February, Bed No. 4 was filled by a patient with pneumonia, with which he had been attacked two days previously. He had already been bled once; but was ordered to be bled again to the extent of eight ounces, and was put upon six grains a day of tartar emetic, which the following day was increased to eight. On the 24th, the last day of my attendance, he was taking the same amount, and was still suffering from oppression and pain in the side.

In Bed No. 5 was a young man recovering from an attack of diphtheria, and suffering, at the time I first saw him, from an intercurrent bronchitis. His emaciation was very great, and there was at first some suspicion of phthisis; but under the oxide of bismuth, eight grains, t. d., combined with the carbonate of magnesia for his constipation, his cough diminished, the rhonchi nearly disappeared, and he left the hospital on the 15th. The professor spoke of giving him valerian if the bismuth had not produced the desired effect.

On the 19th the bed was filled by a Frenchman, a laborer on the railroad, who said he was suffering from a tertian fever. Five days passed

by, however, and no signs of a chill or fever showed themselves. At the end of this time, as the only complaint made by the patient was a gnawing hunger, and as he presumed to ask that some medicine should be given him to purge him, he was turned away with some not very amiable observations directed not only at him but at the Prior and Subprior for sending such cases into the ward of instruction.

In Bed No. 6 there was a man recovering from erysipelas, who remained five days after I first saw him. Several cases, I was told, had been in the wards within a few months, all violent, and most of them so serious as to cause delirium, but in none of them had the delirium been caused either by inflammation of the brain or by metastasis, and all had recovered. In all the cases the erysipelas had covered the whole face.

On the 10th, a boy of thirteen is admitted, with disease of the heart, pale, lymphatic temperament, thin and delicate; suffers no pain; impulsion visible while in the recumbent posture. Slight bellows sound. Ordered digitaline $\frac{1}{12}$ th gr. two or three times a day. 12th. Has vomited the digitaline.

R.—Digitalis, grs. ij;
Sacchari lactis, ʒj.
In pulv. iv dividendus. M.
S. One every six hours.

13th. Eight leeches to be applied over region of heart. 15th. As the digitalis has been generally vomited, frictions of digitaline are to be made. 17th. The friction has not yet been made, because it is out of the usual order of things in the hospital. 18th. Three blisters, each about an inch square, to be applied, or as the prescription is made here, "*Three Milan flies*" over the region of the heart in the intervals of the leech bites. On the 24th, the boy's condition was nearly as when he entered the hospital—without pain, but still an excessive impulsion and a bellows sound. The previous history of the case it was impossible to get at, as neither his mother nor any of his friends visited him, and his own account was very much confused.

Bed No. 7. February 8th. Young man about twenty, sanguine temperament. Pneumonia of right lung; sick for three days; suddenly taken with a chill after having been perspiring; had been bled at the time of the visit, and the assistant physician had put him upon the use of eight grains of tartar emetic; sputa characteristic of pneumonia. 9th. Has vomited; complains only of hunger and of having passed a restless night. 10th. Tolerance of the tartar emetic is established perfectly; pulse soft and not very rapid. 12th. Has vomited once; three or four cut cups and a little broth allowed him; he continues complaining bitterly of hunger; tongue red; sputa still rusty. 14th. Subcrepitant râles; no blood in the expectoration; the tartar emetic may now be diminished in quantity. 15th. Has passed a quiet night; 4 grs. a day; the professor states that if now the tartar emetic were to be with-

drawn, there would be great danger of a return of the serious symptoms. 18th. Is much better; fever very slight; at his urgent request his diet is a little increased. A little blood in the spitting-cup was discovered to have come from the nose, and elicited some remarks as to the possibility of confounding it with hemorrhage from the lung. 19th. Cease the tartar emetic. 24th. Sudamina in enormous quantity over the whole anterior portion of the body, the result of his having been kept in a profuse state of perspiration by the tartar emetic. In all the cases in which this remedy is given in large doses, it is very important to watch for excessive diarrhoea, and if this occurs, to withdraw it or at least diminish the dose.

Bed No. 8. Feb. 4th. A boy of sixteen admitted, who has been sick eight days. His physician, in the country, gave him santonine, under the erroneous impression that his uneasiness was caused by worms. His pulse is rapid and rather strong, tongue dry, abdomen a little tympanitic and tender on pressure, especially in the right iliac region. Leeches ordered over the abdomen. Intellect very slow in its operation. 5th. Less tenderness of abdomen; body covered with petechiae, small and red; gums covered with dry mucus; palate covered with small, separate ulcers; cataplasm to be applied to abdomen; injection of right conjunctiva. 6th. Ulceration of throat covered with exudation; abdomen flat and no longer painful; pulse has less force; petechiae fading. 7th. Tongue to-day, for the first time, a little moist, thickly furred in center, edges covered with brightly-red points representing the papillae; complains of no pain except of the throat; injection of the conjunctiva disappeared. 10th. No pain even of throat; intelligence returning; tongue has cleaned off nearly entirely, but unevenly and in patches. Diagnosis now made out sufficiently to declare the disease *not typhoid*. 13th. Pulse slow, and very little heat of skin; speaks and smiles with intelligence. 17th. Improvement continues. Diagnosis, *gastro-bilious fever*. On the 24th, the patient was much better in every respect, but had not yet left his bed. At no time had there been diarrhoea more than to the extent of two or three passages daily.

In Bed No. 9 there was a case of rheumatism treated with Dover's powder, and went away well after ten days or two weeks.

Beds Nos. 10 and 11 were occupied at first, one by a case of variola, and the other by a case of varioloid. When these were cured their places were filled by patients with rubeola. The treatment in all these cases was entirely expectant.

Bed No. 12. Man thirty-five years old; oedema of feet; slight ascites; pain in lumbar region. Two years ago he was in the hospital and was then cured by a course of mercury of a paraplegia which had lasted more than a year, and which had had a syphilitic origin. He is now somewhat jaundiced; a little bile in the urine; conjunctiva yellow. The diagnosis is syphilitic spinitis. Con-

stipation; he is ordered senna and tamarinds. Feb. 22d. Ordered bitartrate of potassa. 24th. There is now less jaundice of skin and of conjunctiva, but more bile in the urine.

Bed No. 1, in the Women's Ward, contained a very interesting case of diabetes insipidus. The patient was about thirty-two years old, of a very nervous temperament; great hunger and thirst; passes an enormous quantity of urine, of very low specific gravity; indeed, the density is hardly greater than that of water. Has had four children. Is now suffering from secondary syphilis. Great emaciation. She is taking cinchona bark and iron, and a double portion of food. February 4th. Quantity of urine passed is only half of what was passed yesterday. Its color is a very light greenish yellow. Direct experiments prove that she urinates more than she drinks, which was upwards of two gallons yesterday. Constipation. To take magnesia. 6th. Is suffering from prurigo. Has less appetite and less thirst. Dispute with the Subprior about the double diet which has been ordered her, which he does not seem disposed to give. 12th. The urine, which had been gradually diminishing in quantity up to yesterday, and approaching more also to its natural color, suddenly has increased again. Prurigo on arm. To take chamomile in addition to the iron and the cinchona. Leaves on the 17th. Steady improvement. Great hunger and thirst disappeared. Quantity of urine about one-third of the original quantity. 22d. Returns to show herself. Continues much better.

Before closing my observations on the hospital here, I must mention that I heard of a case which happened there some months ago, of a woman, who died of a tumor in the right iliac region, which increased in a few days very rapidly, and which utterly set at naught the diagnostic powers of the physicians. At the post-mortem examination, it was discovered that it was the *spleen* which had become displaced, dragging after it part of the stomach, and twisting the supplying vessels, so that the passage of blood through the veins was impeded entirely, while blood was admitted through the artery. The explanation of the tumor given by the woman was the following: that her husband was in the habit of forcing her to have coitus with him while on her hands and knees; and, at the same time, would grasp her very rudely; and that, while grasping her side in this manner, a day or two before she entered the hospital, she felt a sudden pain and faintness. The next day, however, she was not confined altogether to bed, but was able to get up and walk about the house a little from time to time, afterward lying down again. On the following day she was admitted into the hospital. She had suffered previously from intermittent fever, and

probably had the spleen enlarged on that account.

I had resolved not to send you any more descriptions of hospitals, as you must be tired of them, but I must make an exception of the one at Milan, as it is the largest in the world. It contains within its bounds nine court-yards, and will accommodate 3000 patients. It is partly built on an ancient palace of the Sforzas. The front alone is 900 feet long, and I think the depth must be nearly as great. Four wards, which I was in, are in the shape of a cross, each of the branches of which has three rows of beds, extending for the whole length of a very long room. In the center is an altar, where mass can be celebrated, so as to be visible to all the patients at once. There is no bad smell, even in these enormous rooms, full of the sick. As regards the dead they have regular rules. The bodies lie twenty-four hours in summer, and forty-eight in winter, in a room into which I was shown, and which, of course, is never without its occupants. Among the patients, I noticed a few cases of *pellagra*. The name of the disease is always marked on a slate by the bedside. The dispensary of the establishment is on an immense scale. Milan is divided into sixteen districts, each with its visiting physician, and all come here for their medicines. The place seems, indeed, like a city of itself, with the crowds of sick persons and of their friends; and then, also, you can visit a flour-mill, a slaughter-house, where one ox and two cows are killed daily; a drug-store, where they manufacture many of their own preparations, etc.

I noticed in the insane ward that many of the patients were chained, a thing which will very probably seem, to many of your readers, as a great cruelty for the nineteenth century.

The funds of the hospital amount to sixty-six millions of francs, or about thirteen millions of dollars.

The chief hospital in Florence contains 1200 beds, less than half the number that are in the one in Milan. I noticed in the museum a drawing of a curious case of recovery, which took place there a year or two ago. A boy fell down stairs, and upon a rod of the banisters, which passed completely through his thorax, entering not far from the left nipple. The iron rod is preserved as a curiosity. It was bent by the weight of the boy's body. They have there a society calling themselves Brothers of Misericordia, who are bound to carry the sick poor to the

hospital. They do this always at a certain period of the day, and pass along the streets dressed in black robes, their faces covered with black masks, and carrying the patient in what looks very much like a bier. Indeed, I should think a good many persons would be frightened out of their lives at being carried in such a mysterious manner.

M.D. ABROAD.

Domestic Correspondence.

NEW YORK, March 25th, 1862.

The exhilarating exploits of the Academy of Medicine have, from time to time, furnished amusement to your readers. Even to our present tragic times, it cannot refrain from supplying the comical contrast. If it be true that our people cannot exist without some excitement or other, we have a perfect national representation of our character in that learned body. Who does not remember its excitement on pepsin, the voracity with which it devoured "the artificial food;" the edifying exaltation "on long and stump tail milk;" and its picturesque race "on artificial legs?"

Whose throat was ever before, and outside of the Academy, so methodically explored as that of Mr. Whitney? And what probang has acquired such a world-wide and historical reputation as that of Dr. Horace Green?

There is nothing that could hide itself before the penetrating eye of that body scientific, not even the supposed clandestine secession feelings of Dr. Thomas. History, certainly, can not pass in silence this great medical discovery.

But this learned association has likewise its somniferous phases, when nobody dares to disturb its restful dignity. At such a period Dr. Fordyce Barker had the indiscretion to threaten the Academy with anæsthesia and anæsthetics.

It was justly argued by learned gentlemen that this was a most offensive attentate against the sweetest repose of the scientific corporation, just then prevailing, for which there was no shadow of extenuation. That its temperament was obviously without any irritation whatsoever. That the moderate uneasiness in some quarters might be effectually subdued with Mrs. Winslow's soothing syrup. Why, it was indignantly asked, should the Academy be subject to anæsthesia, and more especially by chloroform? The article was not safe, whispered the prospective dictator of the prospective sanitary department, and

should be prohibited from importation and domestic manufacture. There was yet time to cover chloroform with the new sanitary bill. If they have to put up with anything, they would rather it be ether and Morton.

After some profound deliberation, the Academy decided to be placed under anæsthesia by proxy, and therefore resolved that a committee of six, or thereabout, be appointed to experiment with anæsthetics, and to administer from time to time to the Academy whenever they thought needful and applicable.

The propositions of Dr. Barker were laid on the table as inopportune and hazardous. An amendment to lay, also, on the table, the Irish girl who lately fell a victim to chloroform at Bellevue, was most emphatically objected to by Dr. Elliot, as an indecent exposure, and therefore rejected from an æsthetic point of view.

After an exciting debate of almost forty-five minutes, the Academy felt exhausted, and therefore retired to rest.

KNICKERBOCKER.

ICE-BATH.

BROOKLYN, March 27th, 1862.

MESSRS. EDITORS:—Against the unqualified condemnation of the ice-bath in your last issue, I beg leave to take exception.

Having first suggested and employed it in encephalitic convulsions; in pericarditis, connected with scarlatina; in tetanus, and in delirium tremens, I have had some opportunities of observing its remedial efficacy.

Its first effect upon the patient is the reduction of temperature; the next is to diminish the frequency of the pulse; and the third is strictly sedative upon the nervous system, chiefly upon its motor sphere.

From these general actions, the applicability of the ice-bath is closely circumscribed. Inflammatory fevers, with excessive temperature and pulse, muscular tremor and convulsions, are the qualified indications for the ice-bath. Young and robust individuals derive, for the same reason, more benefit from the said remedy. In the heat of the summer, it is therefore more needed than in winter.

The case of encephalitic convulsions occurred in a strong boy, some three years of age. The thermometer stood higher than 90°. The patient having been suspected of scarlatina, had been

kept in a closely shut room and under warm cover. He was attacked with the convulsions at three o'clock P.M., which had continued without interruption, and with great violence, till five o'clock. His temperature was exorbitant, and the pulse uncountable. Besides, there were the other symptoms of encephalitis. In this case I tried the ice-bath for the first time, and exclusively. The contact with the ice-water arrested the convulsions immediately, and the little patient seemed to derive great comfort from the bath. Being rather timorous in this first attempt, I left him in but a few minutes, and closely watched its effects. With the return of heat and the frequency of the pulse, the convulsions reappeared, though in a less violent form. I immediately reapplied the bath, with the same prompt effect in arresting the convulsions and reducing the pulse. I repeated this procedure three times, and after the third bath, rolled the child in a blanket dipped in ice-water. Next morning I found the patient covered with the exanthem, which took a very mild course. The patient recovered without any further incident.

In the next case I had a similar satisfactory result, in as far as pericarditis was concerned. The patient died, on the twenty-third day, of hypostatic pneumonia, when the post-mortem appearances confirmed not only the previous existence of pericarditis, but also its arrest. Drs. Kalt and Bleek were in attendance with me.

In the case of tetanus, the ice-bath was but once applied. It subdued, for five consecutive hours, both the tetanic spasms and the dorsal pains. The relatives refusing to have it repeated, the disease took its course to a fatal termination.

In delirium tremens I have resorted to this remedy in six different cases. Some of my medical friends, who witnessed its application with some curiosity, were impressed with its beneficial results in subduing heat, pulse, muscular tremor, and in quieting the patient generally. In five cases sleep almost immediately ensued. In one case delirium reappeared and rendered other remedies necessary; the ice-bath being precluded by the condition of the patient.

While, therefore, I have good reasons to appreciate the beneficial results of the ice-bath in certain cases of delirium tremens, I am far from commending it on a general scale, being fully convinced that great mischief may be done if misapplied. The same, however, holds good with

every other powerful remedy, and does not exclusively apply to the ice-bath.

I surely cannot conceive why the application of this bath, the remedial value of which is thus indisputably established by clinical facts, should be pronounced cruel, inhuman, and unwarrantable. I offer my objections to your anathema of the ice-bath for no selfish reasons, but for the purpose of invoking further experiments, which, I feel persuaded, will tend to establish its therapeutical value beyond doubt.

I am, gentlemen, your obedient servant,
LOUIS BAUER.

QUINIA IN TYPHOID FEVER.

RHINEBECK, N. Y., April 1, 1862.

EDITORS MED. AND SURG. REPORTER:—We are well pleased with your journal, and think that your readers get the full value of their money. We beg leave, however, to suggest that all articles on practical medicine should be written with the greatest clearness and precision, otherwise young and inexperienced practitioners may be often misled. In the number of the REPORTER for March 22d, you make an extract from a letter of Dr. Harrington on the subject of large doses of quinia in typhoid fever, which for *indefiniteness* may be set down as a model. "My mode," says the writer, "when first called to a patient, is to prescribe sixteen grains of the sulphate to be given in the morning, and so on every other day for eight or ten days." To a practitioner the following queries come up naturally: How, or in what doses are these sixteen grains to be given? how long an interval between the doses? why is the quinia to be given only every other day? "During the remissions," the writer goes on to say, "I usually give from four to eight grains" [per day?]. As typhoid fever is not remittent, or at any rate not sufficiently so to make that term a distinctive one, when, or at what period does the remission to which he refers occur? In all fevers, typhoid among the rest, a slight remission occurs at some period during every twenty-four hours—generally in the morning; is it during these remissions that he gives the four to eight grains? or is no regard paid to the remissions until after the lapse of the above-mentioned eight or ten days, during which sixteen grains are given every other day? and are the sixteen grains given in this manner as a *general rule* without regard to the attending or particular circumstances of the case? etc. etc.

Young practitioners, and indeed no once, can derive any benefit from such loose and indefinite statements.

In another article in the *REPORTER* for March 8th, Dr. J. S. Parker, of Ithaca, N. Y., recommends in diphtheria nit. potass. by the ounce daily. That would be twenty grains per hour. Whoever undertakes to carry out that practice will, we fancy, find diphtheria a very fatal disease.

ELIPHALET PLATT.

New York, March 20th, 1862.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

—At a stated meeting of the Academy held last evening, the following preamble and resolutions were presented by Dr. A. H. Stevens, and unanimously adopted:—

"Whereas, during the present unhappy war many of our professional brethren in service among the combatants have risked their lives, or gone into voluntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe: therefore,

"*Be it Resolved*, That in such conduct this Academy recognizes the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

"*It further Resolves*, To welcome to its sittings those who have acted under these self-sacrificing and generous impulses."

On motion of Dr. J. H. Griscom, the secretary was directed to send a copy of the above to each medical journal in the country.

J. H. HINTON,

Recording Secretary, 41 West 32d Street.

Army Correspondence.

IODIDE OF POTASSIUM AS A GARGLE IN SECONDARY SYPHILIS.

VIRGINIA, March 18th, 1862.

It would afford me pleasure if, by publishing the results of some experiments in the use of this most valuable preparation, other of my medical brethren may be induced to try, and if successful, (as my experiments show me that they cannot but be,) aid me in demonstrating a fact worthy of general attention, viz., the use of iodide of potassium as a gargle in syphilitic affections of the throat. I have tried it in hundreds of cases in the army, where, as all know, venereal disease predominates, and in no case without the most decidedly beneficial results. The most of these have been cases of long standing—chronic ulcerations of the pharynx, tonsils, and palate

I have treated with the most decided success. I use it in a solution of twenty or thirty grains to the ounce of water, four or five times a day. I also direct the patient to swallow a small portion. When accompanied with pain in the joints, etc. I administer a more decided and definite quantity internally, viz., a drachm of the above solution three or four times a day.

Hoping that some older and more experienced practitioner may be able to bear me out in my views, I remain, very respectfully, your obedient servant,

W. T. OKIR,

Asst. Surg. U. S. A.

NEWS AND MISCELLANY.

Dr. A. C. Bournonville, of this city, has been appointed Acting Surgeon, U. S. A., in charge of the Fifth Street Military Hospital.

Effect of Concussion from Heavy Shot.—Those who stood in the turret of the Monitor, in her recent battle with the Merrimac, experienced severely the effects of the concussion when the shot struck near where they stood. Three men were knocked down and stunned so that they had to be carried below, but they recovered before the battle was over.

Deaths of Eminent Medical Men.—M. Bretonneau, whose name is associated with much that is new in clinical medicine, and as the author of valuable contributions to medical literature, died recently at a very advanced age.

Moreau, the eminent French obstetrician, died lately of arteritis, at the age of seventy-two.

M. Seutin, an eminent Belgian surgeon, died recently at Brussels. His name is connected with several improvements in surgical appliances, particularly with the immovable dressings for fractures.

Revision of the Pharmacopœias.—The Pharmacopœias of England, France, and the United States are now being revised, and will soon be published. The distinctions between the English, Irish, and Scotch Pharmacopœias are to be abolished, and but one work will be the authority throughout Great Britain. Much that is valuable will be added to the new edition of the American Pharmacopœia.

European Ignorance of Important Remedies.—The *London Lancet* is publishing a series of articles on "New Remedies," from which it is evident that a number of remedies in general use among the medical practitioners in this country, and the value of which has been well determined, are unknown to European practitioners. Of veratrum viride it is admitted that the remedy has "remarkable properties, but if known to some of our readers, it can scarcely be so to many."

Meteorology of Philadelphia.—We gather the following interesting items from the March number of the *Journal of the Franklin Institute*. The highest degree of heat reached during the month, was on the 1st, 54°. The coldest day was the 5th, with a mean temperature of 18.8; the lowest degree reached was 10°. The temperature was below the freezing point on twenty-two days of the month, though it rose above on every day except five. The Delaware was filled with pieces of floating ice during the first week, and the Schuylkill was froze over so as to allow of skating above the dam. Rain and snow fell on sixteen days of the month to the aggregate depth of four and a half inches. The number of rainy days was greater than ever before observed in the month of January. There was but one day of the month, the 26th, which was entirely clear or free from clouds at the hours of observation. On fourteen days the sky was completely covered at these hours.

The Wounded at Winchester.—The report that the wounded at this place were neglected is pronounced by Surgeon C. C. Keeney, Medical Inspector, to be totally unfounded. They are well quartered and well treated by the surgeons of the division, and generally doing well. They are under the immediate charge of Surgeon Bryant, and are contained in two hospitals. Two hundred and thirty sick and wounded were sent to Frederick, and sixty of the Confederate wounded have been placed among their friends on parole, to report on their recovery to the nearest commanding officer. Fifty returned with Prof. Smith to this city.

Death of a Surgeon.—Brigade-Surgeon William H. Church gives official notice of the death of Surgeon Minis, of the 48th Regiment, P. V., who was detailed to fill the position rendered vacant by the death of Surgeon Weller, of the 9th Regiment, N. J. V. He lost his life by disease brought on by his untiring devotion to the wounded during and after the action of February 8th, connected with Burnside's expedition.

Military Hospitals in New York.—The good people of this city are just waking up to the importance of establishing military hospitals in its vicinity, or at least of taking some measures to provide for any soldiers who may chance to be thrown in their midst. A detachment from General Burnside's expedition were compelled to occupy the Park Barracks, it is said, and had no other comforts than such as were afforded them by the citizens. A meeting of surgeons of New York and Brooklyn has been held, and arrangements have been made by which such of the wounded of the New York regiments and of other States as may be sent home shall be received into the New York Hospital, Broadway, and carefully provided for. This movement is as commendable as the lack of accommodations has been disgraceful to the common humanity of the proper authorities. In addition to the above, we learn that Surgeon-General Finlay has commissioned

Surgeons Ten Broeck and McDougal to select sites and buildings for the establishment of hospitals in that city.

Large quantities of crude saltpeter have been found in Southwest Virginia, and the manufacture is proceeding with great energy. The same article is also found in abundance in Texas.

Meteorological Observations for March, 1862.—Maximum height of the thermometer, 54 on 12th; minimum, 20 on 1st and 7th; mean, 36.16; quantity of rain fallen, 4.00 inches. Number of fair days, 11; number of cloudy and partly cloudy days, 20; number of days on which it rained, 10; number of days on which it snowed, 9. The prevailing winds have been from N. to W. 15 days, and from N. to E. 9 days. The mean temperature of the month is below that of any March since 1837; it is 4.13° below that of March, 1861. The ice disappeared from the ponds, and the snow from the fields about the middle of the month. There has, thus far during the season, been thirty-six days on which snow fell.

Vital Statistics.

OF PHILADELPHIA, for the week ending Mar. 29, 1862.

Deaths—Males, 144; females, 171; boys, 69; girls, 98. Total, 315. Adults, 148; children, 167. Under two years of age, 89. Natives, 231; Foreign, 61. People of color, 23.

Among the causes of death, we notice—Apoplexy, 4; convulsions, 16; croup, 9; cholera infantum, 0; cholera morbus, 1; consumption, 48; diphtheria, 7; diarrhoea and dysentery, 3; droopy of head, 2; debility, 21; scarlet fever, 8; typhus and typhoid fever, 8; inflammation of brain, 8; of bowels, 8; of lungs, 20; bronchitis, 5; congestion of brain, 7; of lungs, 6; erysipelas, 2; whooping-cough, 1; marasmus, 5; small-pox, 13.

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Population of Philadelphia, by the census of 1860, 568,034.

Mortality, 1 in 1860.3.

OF NEW YORK, for the week ending Mar. 21, 1862.

Deaths—Males, 239; females, 178; boys, 144; girls, 96. Total, 417. Adults, 177; children, 240. Under two years of age, 152. Natives, 281; Foreign, 136; Colored, 5.

Among the causes of death, we notice—Apoplexy, 2; infantile convulsions, 32; croup, 3; diphtheria, 12; scarlet fever, 27; typhus and typhoid fevers, 8; cholera infantum, 0; cholera morbus, 0; consumption, 84; small-pox, 7; droopy of head, 17; infantile marasmus, 16; diarrhoea and dysentery, 5; inflammation of brain, 8; of bowels, 8; of lungs, 16; bronchitis, 7; congestion of brain, 11; of lungs, 0; erysipelas, 3; whooping-cough, 8; measles, 2; 205 deaths occurred from acute disease, and 37 from violent causes.

Population of New York, by the census of 1860, 814,277.

Mortality, 1 in 1950.4.

OF BOSTON, for the week ending Mar. 29, 1862.

Deaths—Males, 35; females, 28. Total, 63. Natives, 48; Foreign, 13.

Among the causes of death, we notice—Phthisis, 10; cholera infantum, 0; croup, 2; scarlet fever, 7; pneumonia, 5; variola, 0; dysentery, 0; typhus fever, 2; diphtheria, 0; whooping-cough, 0; convulsions, 2.

Population of Boston, 1860, 177,902. Average corrected to increased population, 81.28.

OF PROVIDENCE, R. I., for the month ending Feb. 28, 1862.

Deaths—Males, 29; females, 30. Total, 59.

Among the causes of death, we notice—Accidents, 4; apoplexy, 1; brain, congestion of, 1; bronchitis, 1; cancer, 1; consumption, 14; convulsions, 2; croup, 3; cystitis, 1; debility, prem. birth, 1; droopy of chest, 1; exposure to cold, 1; fever, typhoid, 1; gangrene, senile, 1; heart, disease of, 6; hydrocephalus, 4; kidneys, disease of, 1; liver, inflammation of, 1; malformation, 1; old age, 3; pneumonia, 4; congestion of lungs, 1; small-pox, 2; scrofula, 1; unknown, 2.

In addition to the above, 13 still-born were reported in the city.

The population of the city in 1860 was 50,666. The average number of deaths in February for six years, 1856 to 1861, inclusive, was 77. In February, 1861, the number was 84.